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UNIVERSITY OF
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**OF BEDPANS AND IVORY
TOWERS:
THE DISCURSIVE
CONSTRUCTION OF THE
NURSING ACADEMIC**

An investigation into the underlying
principles structuring the field of
academic nursing in Ireland

MARTIN MCNAMARA

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**Of Bedpans and Ivory
Towers:
The Discursive Construction
of the Nursing Academic**

An investigation into the underlying
principles structuring the field of academic
nursing in Ireland

Martin McNamara

The Research School,
The Open University

This thesis is submitted for the Degree of
Doctor of Education (EdD)

September 2007

Declaration

This thesis is the result of my own work and contains nothing which has previously been submitted for a degree or other qualification of The Open University or any other institution, or which is the outcome of work done in collaboration. Parts of this research have been published at various stages of development in academic journals and a book, these are referred to where appropriate within the thesis. Where these publications are co-authored, this thesis contains nothing other than my independent contribution to them.

Martin McNamara

September 2007

Table of Contents

Chapter 1

Focus, Biography and Structure of the Thesis	1
Introduction	1
Background	3
Historical	3
Location of researcher	5
Rationale and significance	6
Research questions	7
Research strategy	7
Layout of thesis	10

Chapter 2

Theoretical Framework: The Legitimation Device	13
Introduction	13
Bourdieu: field, capital and habitus	15
Field	15
Capital	16
Habitus	17
The field of academic nursing	18
Limitations of Bourdieu's sociology for the study	19
Bernstein's work: an overview	20
Boundary	22
Classification	22
Framing	23
Devices and codes	23
Knowledge structures	25
Legitimation principles	31
Autonomy	31
Density	33
Specialisation	35
Knower structures	38
Academic identity	40
Singulars	42
Regions	44
Genericism	44
Temporality	47
Discussion: the legitimation device and the field of academic nursing	49
Autonomy	50
Density	51
Specialisation	52
Temporality	52

Chapter 3	
Methodology: Critical Discourse Analysis and Identities	55
Introduction	55
Critical discourse analysis: Chouliaraki and Fairclough	61
Key analytic concepts	62
Discourse	62
Genre	62
Style	63
Order of discourse	64
Wetherell's critical discursive social psychology	65
Key analytic concepts	67
Interpretative repertoires	67
Subject positions	67
Gee's building tasks and tools of inquiry	68
Building tasks	68
Building significance for sign systems and knowledge	68
Building politics (the distribution of social goods)	69
Building relationships	70
Building identities	71
Tools of inquiry	72
Discourses	72
Social languages	73
Conversations	74
Discourse models	75
Situated meanings	75
Intertextuality	76
Summary: discourse and identity	76
Research process	79
Data generation	80
Sampling	80
Ethical considerations	81
Conducting the conversations	82
Data handling and processing	83
Level of transcription	83
NVivo 7	84
Data analysis	85
Rigour	86
Credibility	87
Transferability	90
Dependability (or auditability)	90
Confirmability	90
Authenticity	90
Conclusion	91

Chapter 4	
Review of the Literature: A Structured and Structuring Conversation	92
Introduction	92
Selection of texts	94
The discourse of opposition: mutual contamination	95
Bedpans and brooms	96
Veils, vows and virtue	97
A discipline manqué	99
The discourse of legitimization: in search of nursing's Holy Grail	104
The singular of nursing science and its malcontents	105
The region of nursing studies	113
Actually, I'm a ...	117
Disciplinarity: "Everything is everything", or is it?"	117
Genericism	123
Discussion	124
Conclusions	131

Chapter 5	
Building an academic identity for Irish nursing: knowledge, politics and relationships	132
Introduction	132
Building significance for sign systems and knowledge	133
Articulating the nursing contribution to healthcare	134
A proper higher nursing education	135
Nursing research	138
Building politics (the distribution of social goods)	140
Status and material reward	141
Nursing care	142
Building relationships	147
Relationships with clinical nursing	147
Speakers' self-positioning in relation to former nurse tutors	151
Summary: knowledge, politics and relationships	157
Building an academic nursing identity	161
Conclusions	168

Chapter 6	
The underlying structure of academic nursing in Ireland and its structuring significance for the field: autonomy, density, specialisation and temporality	171
Introduction	171
The current structure of the field of academic nursing in Ireland	173
Autonomy	173
Density	176
Specialisation	178
Temporality	189
Discussion	194
Implications for policy and practice	199
Conclusions	206
Delimitations, limitations and directions for further research	208
Focus and scope of study	208
Empirical base	208
Research design and conduct	210
Theoretical framework	212
Concluding remarks	214
References	216

List of Appendices

Appendix 1: Negotiation of access	231
Appendix 2: Consent forms	234
Appendix 3: Indicative interview guide	236
Appendix 4: Transcript excerpts	242
Appendix 5: Transformation of data	245
Appendix 6: Engaging with and interrogating data	255
Appendix 7: Coverage	260

List of Figures

Figure 1.1	Schematic representation of constructivist-structuralist thrust of thesis	9
Figure 2.1	Legitimation device, principles and codes	14
Figure 2.2	Discourses, knowledge structures and strengths of grammar	26
Figure 2.3	Legitimation device, principles, settings and code modalities	33
Figure 2.4	Specialisation principle settings for science and the humanities	36
Figure 2.5	Science and the humanities as knowledge and knower structures	39
Figure 3.1:	Methodological framework: An eclectic approach to critical discourse analysis	58
Figure 3.2:	Methodological and theoretical frameworks in dialogue	59
Figure 6.1	From the profane to the sacred: the trajectory of the field of academic nursing in Ireland	198

Abstract

Purpose This thesis constructs academic nursing in Ireland as a sociological object of study and explicates the underlying principles that structure it. The implications of this structure for the current status and future trajectory of the discipline are explored.

Theoretical framework The research is located within a version of critical social science known as constructivist-structuralism. It is informed by the social and cultural reproduction theories of Bourdieu and Bernstein, and by Maton's theory of the legitimisation device that builds on and extends their work. Maton's theory renders academic disciplines amenable to deep structural analysis by conceptualising them as structured and structuring fields of practice, populated by agents competing for power and control.

Methodology Stage one was a critical review of the literature on the entry of nursing education to the academy. Two discourses were identified: a discourse of opposition, comprising three interpretative repertoires: 'bedpans and brooms', 'veils, vows and virtue' and 'a discipline manqué'; and a discourse of legitimisation with two discursive threads: 'the singular of nursing science' and 'the region of nursing studies'. Stage two was a critical discourse analysis of the 'languages of legitimisation' of sixteen dominant agents in Irish nursing education. The languages were elicited in an argumentative conversational context in which respondents were required to legitimate themselves as academics and/or nursing as an academic discipline. The context was created by foregrounding the discourse of opposition. Respondents' languages of legitimisation were theoretically reconstituted and analysed in terms of four 'building tasks' of language (knowledge, politics, relationships and identity), and four underlying structuring 'legitimation principles' (autonomy, density, specialisation and temporality).

Findings In Ireland, the field of academic nursing is beset by problems relating to the lack of a distinctive theoretical discourse to articulate, first, an academic and professional identity; second, the form and content of education programmes that are distinctively nursing and recognisably higher; and, third, the proper focus and scope of nursing research. These problems are analysed and debated in terms of a series of relations: the field's external relations, its internal relations, the relations between its social and knowledge dimensions, and the temporal aspects of these relations. The analysis reveals a field with a weak academic infrastructure, prone to colonisation by a variety of other discourses.

Conclusions Academic nursing in Ireland must devise strategies to reconfigure its relationships with clinical nursing practice, increase its intellectual autonomy, enhance its internal coherence and cohesiveness, strengthen the epistemic power of its knowledge base and critically evaluate the ways in which past practices inform its present, and whether and to what extent they should shape its future.

Chapter 1

Focus, Biography and Structure of the Thesis

the vocabularies in which the various disciplines talk about themselves to themselves naturally fascinates me as a way of gaining access to the sorts of mentalities at work in them... the terms through which the devotees of a scholarly pursuit represent their aims, judgements, justifications, and so on seems to me to take one a long way, when properly understood, towards grasping what that pursuit is all about.

Clifford Geertz (1983, pp. 157-158).

Introduction

This thesis is concerned with the effects of the institutionalisation of nursing as a field of study in Irish universities on nursing academics' identities and practices. Empirically, the study is a critical discourse analysis of senior university nursing academics' and national leaders' talk about academic nursing. Theoretically, the thesis reconstitutes their collective representation in order to analyse the bases of their proclamations of their own and nursing's academic legitimacy. The aim is to explicate the underlying principles currently structuring academic nursing in Ireland, as represented by the 'languages of legitimation' (Maton 2000, 2005) of its disciplinary custodians. Languages of legitimation

represent the claims made by actors for carving out and maintaining intellectual and institutional spaces within education, i.e. the proclaimed *raison d'être* that provides the conditions of existence for intellectual fields...[they] thereby represent the basis for competing claims to limited status and material resources within higher education.

(Maton 2000, p. 149).

The languages of legitimation of sixteen key players in Irish nursing were elicited through a series of professional conversations in which they were called upon to account for

themselves as academics and/or for nursing as an academic discipline.

The study is located within a version of critical social science that Bourdieu refers to as 'constructivist structuralism' or 'structuralist constructivism' (in Bourdieu & Wacquant 1992, p. 11). Structuralism holds that social *subjects* are wholly constrained by social structures and denies them agency; they are *subjected* to, and become the effects of, social structures. Constructivism, on the other hand, proposes that social *agents* actively shape and transform social structures as they engage in social practices. The dialectical perspective of constructivist structuralism seeks to convey that social actors' actions are structurally determined whilst preserving a sense of their agency: the capacity to constitute or construct the social world and themselves, albeit to different extents, and with different effects, depending on their relative positions within particular social structures (Chouliaraki & Fairclough 1999).

Implicit in the approach of affording empirical primacy to discursive constructions of academic nursing is the key constructivist premise underpinning discourse analysis: discursive practices, in this case languages of legitimation, are not mere rhetoric but rather perform a range of 'building tasks' (Gee 2005). These building tasks of language are regarded as constitutive of versions of reality and as exerting real effects. In the face of an enduring, and often derisive, 'discourse of opposition' that dismisses nursing's claims to academic legitimacy (McNamara 2005, 2006; Fealy & McNamara 2007a), nursing academics' languages of legitimation can be understood as more or less persuasive attempts to articulate strategic stances aimed at maximising their positions within the university sector (Maton 2000).

While these bids for recognition effectively constitute academic nursing, they are themselves constructed from a variety of discursive building blocks: enduring discourses concerning

nursing and higher education that provide relatively permanent resources for constructing the field. The aim of this study is to explicate the underlying principles structuring this construction. As the fundamental object of analysis of the thesis, academic nursing is to be construed as possessing intrinsic properties that determine how it is shaped by forces external to it, and how its consequent form in turn shapes the identities and practices of those who profess to profess it. These intrinsic structuring properties are held to be determined by the settings of four underlying structuring legitimization principles: autonomy, density, specialisation and temporality (Maton 2005).

Background

Historical

The particular history of Irish nursing education, and the social, cultural, economic and political conditions under which it emerged, have shaped its current form. It is not my intention here to provide a full account of this history.¹ Suffice to say that up until the last decade of the 20th century, the system of nurse training in Ireland was based on the Nightingale apprenticeship model, introduced as part of a process of nursing reform in the late 19th century. The Nightingale apprenticeship model began as a vocational extension of secondary education and was strongly insulated from the mainstream of higher education (Fealy 2006).

It was only at the start of the 21st century that nursing in Ireland gained entry to the academy and joined the other graduate professions in healthcare. A significant milestone in the reform of nursing education in Ireland was the *Working Party Report on General Nursing* (Department of Health 1980), which called into question the apprenticeship model of training as a suitable method for meeting the education and training needs of nurses. In 1994, the Report entitled *The Future of Nurse Education and*

¹ Scanlan's (1991) *The Irish Nurse – A Study of Nursing in Ireland: History and Education 1718-1981* and, more recently, Fealy's (2006) *A History of Apprenticeship Nurse Training in Ireland* provide overviews.

Training in Ireland (An Bord Altranais 1994) led to the establishment of links with higher education for the purpose of academic accreditation at diploma level.

Finally, recommendations of the Commission on Nursing (Government of Ireland 1998) resulted in the introduction in 2002 of a four-year degree as the sole route of entry to nursing practice. Until this time, degrees in nursing were offered by only a few centres to experienced registered nurses, mainly on a part-time basis, although, since 1984, a full-time degree programme for nurse tutors had been available at University College Dublin.

The achievement of undergraduate student status for nursing students, all-graduate status for registered nurses and full academic status for former nurse tutors was hailed as a major success for Irish nursing (Begley 2001, Cowman 2001). However, the extent to which these achievements were based on recognisable and legitimate epistemic or knowledge grounds, as opposed to far from illegitimate social, economic and political considerations related to improved pay, conditions and parity of esteem with other healthcare occupations, has not been satisfactorily addressed in the Irish context (McNamara 2005). Irish nurses may have realised their collective power and found their voice in the wake of the industrial unrest of 1998 and the unprecedented nine-day national nurses' strike in 1999, but the fact that this was a trade union rather than a professional or academic voice raises a number of important questions for their academic colleagues:

- On what specifically epistemic grounds do nursing's professional and academic leaders base their own and nursing's claims to academic legitimacy?
- In what directions do they envisage their own, their successors' and nursing's academic development proceeding?

- To what extent did nurse educators fully grasp that their new careers as academics would entail much more than a change of location for the enactment of their previous roles?
- In light of the level, form and substance of their nursing and academic qualifications, and the focus, depth and currency of their clinical experience, what is the distinctively nursing knowledge and practice basis of nurse educators' new identities as nursing academics?
- On what basis is achievement and success in academic nursing to be determined and judged?

Location of researcher

In Ireland, as elsewhere, the transfer of pre-registration nursing education to the university sector has generated considerable disquiet and controversy. This is apparent from debate in the professional and academic nursing literature, as well as in the media generally, which has itself become an object of analysis (Meerabeau 2001, 2004; McNamara 2005; Fealy & McNamara 2007a). This 'discourse of opposition' resonates with many of my own concerns about the production and reproduction of nursing knowledge and nursing academics (Fealy & McNamara 2007b). My personal experience of undertaking a Masters degree in 'nursing', and subsequently of being employed as an 'academic' in a university school of nursing, sowed the seeds of the present study. Like many graduate nursing students before and since, I mused – aloud – about the relevance of my higher education in nursing for the practice of nursing, and for the production of nursing knowledge, and bemoaned – also aloud – the fragmentation and incoherence of the curriculum (Betts 2006a).

A product, twice over, of the now defunct apprenticeship model of nurse training, both in England and Ireland, I harbour no illusions that it represented a golden age of nursing education (Pfeil 2003, McKenna *et al.* 2006). However, higher education

must surely be just that: *higher*. It is by no means clear to me that nursing academics can readily articulate the form and substance of an education that is recognisably higher and distinctively nursing. Assertions that nursing degrees inculcate some kind of 'graduateness', embodying generic capacities such as critical thinking, reflexivity and communication skills, are, it seems to me, a far from convincing basis for the existence of distinct university schools and departments of nursing; presumably these capacities could be equally or better developed by reading for degrees in a range of disciplines with more established track records of research and scholarship.

Rationale and significance

In Rafferty's terms, nursing continually has to 'claim squatter rights against eviction' from its 'relatively new home in the academy' (1999, p. 3). An investigation into the bases for senior nursing academics' and leaders' claims to academic legitimacy matters, I suggest, because, having finally gained entry to the academy, it falls to them to justify continuing access to the social, cultural, symbolic and economic benefits that could potentially accrue to nursing as a result.

Periods of transition represent appropriate times for studies such as this. As any field of social practice engages in a reflexive debate within itself about itself, opponents and proponents of particular stances articulate the issues, frame problems and solutions, and position themselves and others with a particular intensity. In the case of academic nursing, this framing and positioning work is discursively accomplished in the course of scholarly and professional debate in talk and texts. The representations recovered from these empirical sources may then be theoretically reconstituted in order to explicate the structuring principles underpinning them.

This explication offers the promise of a fuller understanding of academic nursing in terms of its intrinsic properties and the capacity they bestow upon it to withstand external threats, to

exploit opportunities, and to provide the bases of sound academic identities through programmes of research and education. Such programmes are the mechanism by which any discipline achieves the critical mass and secures the resources necessary for its own reproduction (Delamont *et al.* 1997a, b).

Research questions

The research questions are:

- What underlying principles structure the discourse of opposition attending nursing's bid for academic status and legitimacy? How is academic nursing represented in this discourse?
- What principles underpin and structure the discourse of legitimisation proclaimed by the academic and professional nursing literature? What is the form of academic nursing constructed in this discourse?
- What are the underlying structuring principles of the languages of legitimisation of Irish nursing's academic and professional élite? How is academic nursing constructed in their discourse?
- What are the implications for programmes of nursing research and education, for the consequent production and reproduction of nursing scholars and scholarship, and so for the current status and future trajectory of academic nursing in Ireland, of the form and content of the strategic claims to legitimacy made by its proponents?

Research strategy

The structuralist-constructivist thrust of the thesis is given by figure 1.1, which graphically summarises the unique conceptual and methodological framework designed for the study.² From the bottom up, the figure shows the four underlying principles whose settings, according to Maton (2005), structure all fields of

² Throughout the thesis, a reduced scale version of figure 1.1 is used as a 'tracking device' in which the elements of the framework being discussed are more darkly shaded than adjacent components.

)

social practice: autonomy, density, specialisation and temporality. The discourses of opposition and legitimisation may be viewed as the products of an ongoing ‘conversation’ (Gee 2005) between certain representations – or discourses – of academia and nursing, structured by particular settings of these principles.

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My method of data generation involved engaging in a series of conversations with senior Irish university nursing academics and national leaders. Each participant was invited to respond to excerpts from texts exemplifying key arguments from the discourse of opposition. I was interested in whether these arguments were recognised and acknowledged as familiar by respondents, whether they were encountered in the course of their personal and professional lives, and whether and in what ways they accepted or countered the arguments. Essentially, the aim was to elicit respondents’ languages of legitimisation by asking them to account for themselves as nursing academics and/or for nursing as an academic discipline.

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The resulting texts were then analysed in terms of the building tasks of language they performed; a method of discourse analysis proposed by Gee (2005). The building tasks that directly addressed the research questions posed in this study were building identities, building significance for sign systems and knowledge, building politics (the distribution of social goods) and building relationships. The product of these building tasks – the field of academic nursing – was then analysed in terms of settings of the four underlying structuring principles (Maton 2005).

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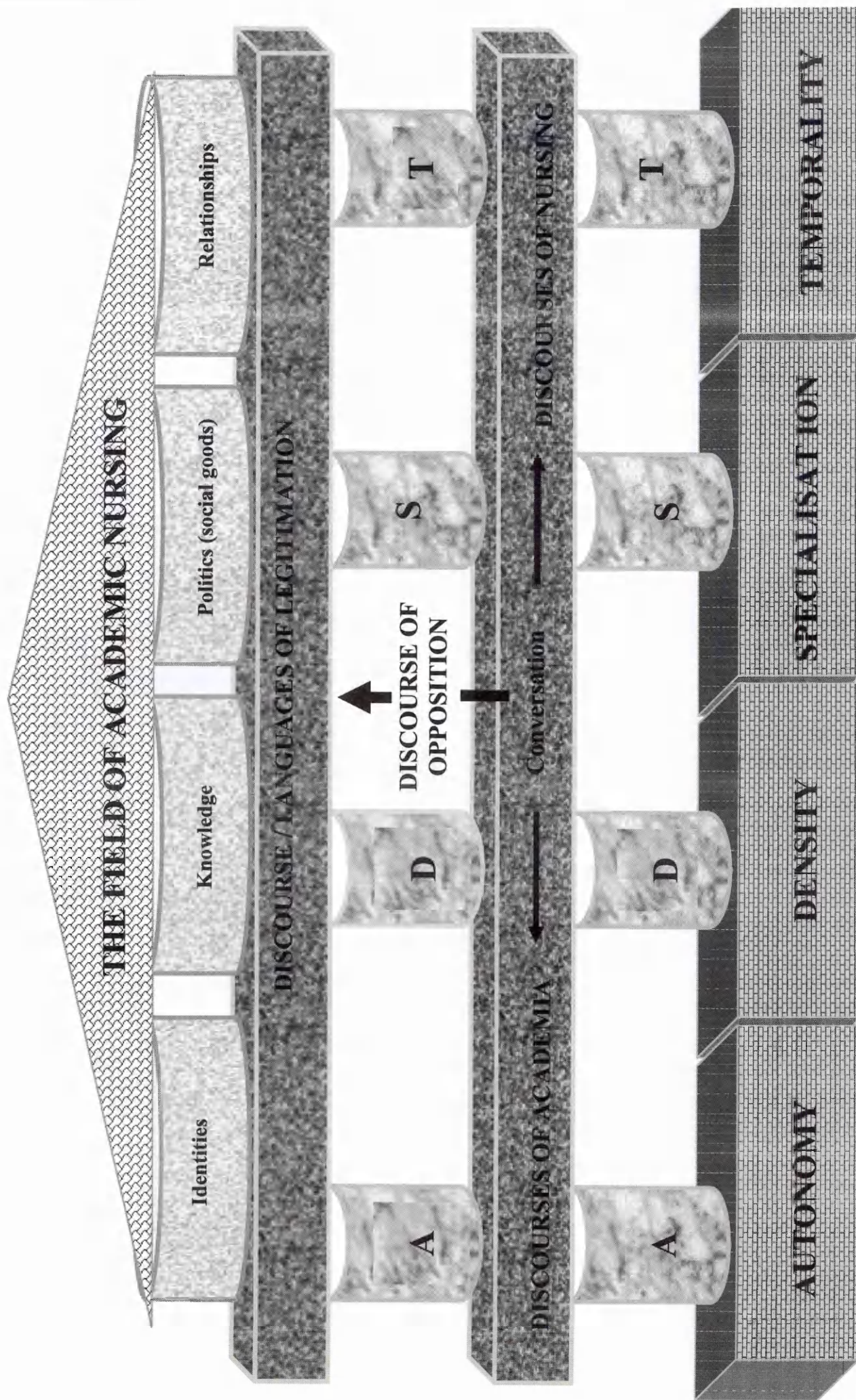


Figure 1.1 Schematic representation of constructivist-structuralist thrust of study

Layout of thesis

In Chapter 2, I discuss the theory of the legitimization device (Maton 2005), which provides the conceptual framework for the study. According to the theory, the legitimization device generates legitimization codes whose modality is determined by the settings of four legitimization principles. Legitimation codes determine what practices, identities and knowledge structures are considered legitimate and worthy of status in higher education. Competing constructions of academic nursing, for example, can be conceptualised as the empirical realisation of different rulers of status and success in academia. Ruler is used here in the dual sense of governor and gauge:

having power over consciousness and
measuring the legitimacy of its realisations.

(Maton & Muller 2007, p. 20).

Analysis of the underlying principles structuring these rulers reveals the determinants and criteria of legitimacy by which academic nursing and nursing academics are being held to account.

Chapter 3 provides an overview of critical discourse analysis and discusses the key analytic tools used to interrogate the textual and conversational data constituting the study's empirical base. In particular, the contributions of Chouliaraki and Fairclough (1999), Wetherell (1998) and Gee (2005) to the research design are considered. I discuss the practical and ethical implications of this work for conducting studies concerned with discourse and identity, and for respondent selection, data generation, data handling and processing, data analysis and the interpretation of data. Finally, I outline the criteria for judging the quality of qualitative inquiries and discuss how they shaped the design, conduct and presentation of this study.

The literature review comes later than is perhaps usual in Chapter 4. This is because the literature forms part of the

empirical base of the study and is analysed using the conceptual and methodological tools discussed in the preceding two chapters. In Chapter 4, I consider in detail the 'conversation' (Gee 2005) concerning the entry of nursing to academia. The literature review comprises two parts. First, I describe and analyse the 'discourse of opposition'. In Ireland, and internationally, nursing's attempts to carve out a space for itself in the academy have evoked an enduring discourse that opposes and even derides its endeavours (McNamara 2005, 2006; Fealy & McNamara 2007a). Having analysed the principles underpinning the various claims constituting the discourse of opposition, I review and analyse the scholarly and professional nursing literature in order to investigate the grounds upon which nurses have sought to resist this discourse and to legitimate nursing as an academic discipline. This 'discourse of legitimation' constitutes the second part of the study's empirical base.

Chapter 5 is based on the final part of the study's empirical base: data generated in the course of a series of in-depth conversations with sixteen senior Irish university nursing academics and national nursing leaders. The languages of legitimation thus elicited are analysed as the sites in, through and by which identity and legitimation work are interactionally accomplished. Specifically, the languages are analysed in terms of whether, to what extent and how they perform four building tasks of language: sign systems and knowledge, politics (the distribution of social goods), relationships and identities.

In the final chapter, I analyse academic nursing in Ireland, as constructed by agents' languages of legitimation, in terms of the underlying principles structuring the field. I then discuss the implications of the current structure of the field for nursing research and education, particularly postgraduate education and the preparation of the next generation of nursing academics. In light of this discussion, I consider whether academic nursing

currently provides or fails to provide the forms of capital necessary to meet the needs of nursing students, practitioners, educators and researchers. I conclude by considering the delimitations and possible limitations of the study, directions for its further development and future research.

Chapter 2

Theoretical Framework: The Legitimation Device

both Bourdieu and Bernstein...hold the position that empirical research without an explicit theory is blind and theory without empirical research is deaf and dumb.

Karl Maton (2005, p. 58).

Introduction

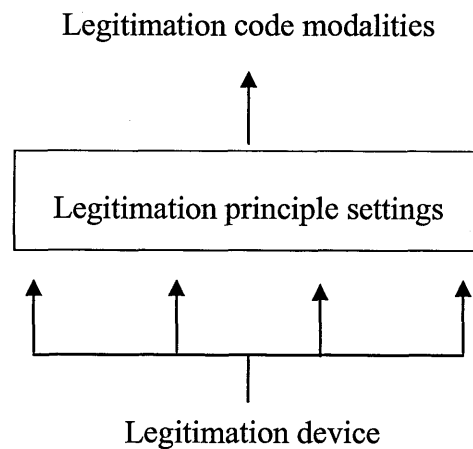
The theory of the legitimation device (Maton 2005) enables academic nursing to be 'seen' or constituted as an object of study. Using the theory, constructions of academic nursing may be conceptualised as the empirical manifestation of particular settings of underlying structuring principles that govern the basis and measures of legitimacy in academia. The device emphasises the significance of the discursive practices of nursing academics, which are conceptualised as languages of legitimation: their representations of themselves, others, and their discipline as they discursively enact their academic identities. Claims to possess and profess legitimate academic knowledge, and bids for status and resources, are embedded in these discursive performances.

Languages of legitimation embody messages as to what should count as legitimate participation in academia, and who decides. These messages encode four principles of legitimation whose settings furnish the rules of the academic game. These rules provide the basis of recognition in academia and the criteria by which success in it is to be judged. The legitimation device is theorised as establishing particular settings of the legitimation principles as dominant and therefore governing what counts as being a legitimate player in academia. Those who control the device set the rules of the academic game in their own interests by making their particular practices and attributes the basis of legitimacy, success, rank and prestige (Maton 2005).

The legitimation principles are autonomy, density, specialisation and temporality. Respectively, these conceptualise the structuring of academic nursing's external relations, its internal

relations, relations between its social and knowledge dimensions, and the temporal aspects of these relations (Maton 2005). Each principle can be set in different ways and together these settings give the modality of the legitimation code. The legitimation code can be thought of as regulating and distributing legitimacy in academia, and as comprising the rulers and rules of the academic game as encoded by legitimation principles (figure 2.1). Codes and devices are key concepts in the work of Bernstein, as are the concepts of classification and framing, which provide the conceptual foundations of the legitimation principles and are incorporated in them. The legitimation device also integrates the concepts of field, capital and habitus from the work of Bourdieu.

Figure 2.1 Legitimation device, principles and codes (after Maton 2005).



Bourdieu's work highlights the 'structured and positioned nature of strategic position-takings' (Maton 2000, p. 149) within intellectual fields; that is, agents' stances and claims are regarded as a function of their positions within field hierarchies and as designed to maintain or enhance those positions. Bernstein's work focuses on 'the structuring and non-arbitrary nature of potentially legitimate knowledge claims' (Maton 2000, p. 149). Central to Bernstein's thought is the idea that agents' knowledge claims have structuring effects for the field and,

crucially, that these claims are irreducible to historically-situated social relations of power (Moore & Maton 2001). So, although *claims*, languages of legitimation are rendered more or less plausible and persuasive by the internal structure or form of disciplinary knowledge:

educational knowledge is not merely a reflection of power relations, but comprises more or less epistemologically powerful claims to truth...knowledge comprises both sociological and epistemological forms of power.

(Maton 2000, p. 149).

According to Maton, the form taken by proponents' strategic claims regarding the legitimacy of their intellectual fields 'are significant both to the way educational knowledge itself develops and to its institutional trajectory' (Maton 2000, p. 161).

Before elaborating each of the legitimation principles and the various settings they assume for different legitimation code modalities, I discuss those aspects of the work of Bourdieu and Bernstein that provide the conceptual foundations upon which the theory of the legitimation device is built.

Bourdieu: field, capital and habitus

Field

Field refers to any specialised and differentiated arena of social practice, such as higher education, nursing or an academic discipline (Bourdieu 1988, 1993). A field may be thought of as a space or network of positions occupied by social actors whose location is defined by a particular distribution of capital (Chouliaraki & Fairclough 1999). The central idea is that, prism-like, a field refracts external influences in particular ways depending on its relative autonomy from other fields and its internal structure (Maton 2005). A field's degree of autonomy determines to what extent and in what ways external forces affect it; its internal structure mediates those effects.

Any field can be thought of as being structured by two competing determinants of rank: an externally-oriented principle directed beyond the particular practices of the field (such as material reward or status) and an internally-oriented principle looking inwards to, in the case of academia, for example, the disinterested pursuit of knowledge for its own sake or, as in the case of nursing, perhaps, a vocational orientation to providing a specific human service.

Fields are not static; their dynamism arises from the fact that they are populated by actors engaged in struggles over resources in order to maximise their standing. Fields may be restructured through the strengthening or weakening of their external boundaries, the alteration of their relative status with respect to other fields, or the unsettling of the balance between their internal relations of dominance and subordination (Chouliaraki & Fairclough 1999).

Capital

Forms of capital are the various stakes or currencies available to actors in their struggles for power, authority and status. Volume of capital refers to the quantity of resources possessed by individuals, distinguishing the 'haves' from the 'have nots' in a particular field. Species or type of capital determines what counts as having in the first place; for example, financial resources (economic capital), membership of influential social networks (social capital), and legitimate credentials and knowledge, or refined judgement and taste (cultural capital) (Bourdieu 1997, Maton 2005). The quantity and composition of agents' capital determines their relative positions in a field and how they act within it (Chouliaraki & Fairclough 1999).

Differences in capital are differences in power. Chouliaraki and Fairclough (1999, p. 101) point out that economic, social and cultural capital may be converted into symbolic capital 'once they are (mis)recognised as and have the effects of power'. Symbolic capital confers authority and credibility, as in

academic reputation, and, in the right circumstances, may be reconverted into economic, social and cultural capital (Klein 1996). Central to the notion of symbolic capital is linguistic capital: the legitimacy and prestige which the possession of a particular linguistic style confers on particular positions in a field. Possession of legitimated linguistic capital is crucial for the conversion of other forms of capital into symbolic capital: the power to constitute representations, relations and identities. So, field struggles are not only about the accumulation of capital but also about

the capacity to 'constitute the given', and the capacity to do so in a legitimated style which gives 'credibility' to that 'vision of the world'.

(Chouliaraki & Fairclough 1999, p. 102).

Agents will act both to increase their volume of capital and to ensure that the species of capital on which their position depends remains or becomes the pre-eminent marker of status in their field. Agents' ability to do this, however, depends on the structure of the field, their specific location within this structure, and on the personal, social and career trajectories by which they have arrived in the field.

Habitus

Habitus refers to agents' comportment, their "practical sense of 'the game'" (Chouliaraki & Fairclough 1999, p. 101). The concept captures the idea of actors habitually disposed to adopt specific stances and strategies designed to maximise their capital. Agents' sets of dispositions to act, their relatively enduring habits of mind and body, give rise to subject positions that are conditioned by their past experiences and shape their current practices; a habitus is thus 'both a structured and a structuring structure' (Maton 2005, p. 39). In times of change, we might expect tensions to arise when a mismatch exists

between agents' habituses and the field in which they are located.

Within any given field, agents' positions will reflect their relative position in the wider social system. The degree of insulation or autonomy of the field from the wider social space will determine the extent to which these external influences determine agents' relative positions within a particular field. The impact of these external forces will also be shaped by the intrinsic characteristics of the field. One's practices can be thought of as the product of one's dispositions (habitus) and position (capital) interacting with the characteristic properties of the field, themselves determined to a greater or lesser extent by forces emanating from outside the field. Habitus determines whether and to what extent agents are successful in generating 'profits of distinction' (Chouliaraki & Fairclough 1999, p. 102) from the investment of their capital. The ability to convert capital is crucially dependent on one's 'linguistic habitus' (Chouliaraki & Fairclough 1999, p. 117):

dispositions to use language in particular ways which agents are differentially endowed with depending on the fields they are operative in, their positions within those fields, and their different social trajectories.

(Chouliaraki & Fairclough 1999, p. 117).

The field of academic nursing

Bourdieu's work provides the initial conceptual stepping stones required to construe academic nursing as an object of analysis with its own properties and powers. This opens up the possibility of considering the implications for nursing academics' habituses of the internal structure of academic nursing, and of its relative autonomy from other fields, such as government, health systems, nursing services, other healthcare occupations and other academic disciplines. Pertinent questions become possible, such as:

- How is the structure of contemporary higher education shaping the field of academic nursing with respect to education, research and scholarship?
- In what ways are nursing academics' current practices shaping the structure of academic nursing?
- How are nurses' identities as academics shaped by their previous occupational and educational socialisation?
- To what extent does nursing's status in society and within healthcare systems impact upon its standing in academia?
- What volume and species of capital do nursing academics possess?

Limitations of Bourdieu's sociology for the study

Chouliaraki and Fairclough (1999) believe that Bourdieu pays insufficient attention to the specific means of symbolic control and fails to consider the particular mechanisms by which power relations set up particular subjectivities. Maton (2005) argues that Bourdieu's conceptual language, while internally coherent and offering insightful descriptions of a surface empirical reality, lacks the analytic power required to delve beneath the surface to think about the deep, invisible generative mechanisms or principles – the invisible hand – whose effects are realised empirically in different ways, depending on external conditions. This represents a significant conceptual lacuna, given that the ability to set these principles to encode certain rulers and rules of legitimacy is at issue in field struggles for power and control.

Essentially, Bourdieu's work obscures what is at stake in struggles for status in fields: the underlying bases upon which claims to possess legitimate capital, habituses and practices are adjudicated (Maton 2005). Within academia, specifically, the underlying principles structuring different disciplinary fields and their structuring significance for those fields cannot be addressed by Bourdieu's concepts alone. A means of

conceptualising the underlying principles structuring fields of knowledge production and reproduction, and their structuring effects on academic identities and scholarly practices, is required. Fortunately, Bernstein's work provides the conceptual tools for such an undertaking.

Bernstein's work: an overview

For Solomon (in Bernstein & Solomon 1999), Bernstein's work offers an explanatory framework and resources for describing, understanding and analysing *how* transformations in social fields affect identity construction, or 'ways of being, of becoming, of feeling, thinking and relating' (Bernstein and Solomon 1999, p. 266). The hallmarks of Bernstein's work are his attempts to explicate the principles that control social and cultural reproduction, and his focus on 'the use of language in the joint production of identities' (Atkinson, Singh & Ladwig 1997, p. 115); he consistently emphasised that

the discursive and symbolic means available
for the fashioning and re-fashioning of the self
are distributed differentially.

(Atkinson, Singh & Ladwig 1997, p. 116).

Bernstein sought to conceptualise the device or underlying mechanism governing the unequal distribution of capital and habituses, generating 'narratives of identity and difference' in the process (Atkinson, Singh & Ladwig 1997, p. 118). These narratives, or discourses, provide 'resources of legitimation' (Maton 2005, p. 240) which shape practices and texts, and determine what is valued, thinkable, 'doable' and 'sayable' in a given context.

The key contributions of Bernstein's work for the present study include his focus on the content as well as the structure of fields, and his attention not only to agents' locations within fields but also to their interactions and discursive practices. Bernstein is concerned with message (or content) as well as medium, voice as well as location, and time as well as space (Chouliaraki &

Fairclough 1999, Maton 2005). Bernstein conceptualises message in terms of discourse. Academic discourse, for example, can be understood as a means of recontextualising other discourses, such as nursing, appropriating and transforming them to conform to its own distinctive logic. Bernstein is interested in the underlying principles structuring discourse; for him, academic discourse takes the form of different knowledge structures, which

specialize discourses and actors in ways that have structuring significance for those discourses and actors as well as the fields of social and symbolic practice they inhabit.

(Maton 2006, p. 44).

We can think of the structure and content of academic nursing as arising from the abstraction of the discourse of nursing from its social base and its relocation within academia. This recontextualisation creates a gap: a space in which ideology can play. Academic nursing may be viewed as an ideological construction of which competing versions may exist. The version that prevails will depend on its success in securing resources and recognition in the fields to which it must answer; this will be determined by nursing academics' practices, which are, in turn, shaped by their habituses and by the volume and species of capital that they possess (Jensen & Lahn 2005; Meerabeau 2005, 2006).

According to Bernstein (1990), agents possess both recognition and realisation rules. Recognition rules refer to the ability to discriminate between different contexts and to engage in practices, including discursive practices, which are appropriate to a given setting. The understanding of what is appropriate, where and when constitutes 'voice'. Possession of the appropriate voice enables the subject to manage interactions and other practices and so to produce – or 'realise' – a specific 'message' which, if sufficiently synchronised with the habitual

practices of the field, signals a habitus well-adjusted to that field – a result of the subject's realisation rules (Chouliaraki & Fairclough 1999). In order to gain recognition as academics, nursing academics must possess the appropriate 'voice' and produce messages or discourses conforming to the principles of power and control operative in academia. Maton (2005) unpacks these principles in his theory of the legitimation device. Before examining the device, I discuss the key concepts from Bernstein's work upon which it is founded.

Boundary

The unequal distribution of capital in society creates boundaries that can be crossed by some, but not by others. This creates insiders and outsiders whose subject positions or identities are defined in opposition to one another (Bernstein & Solomon 1999). These boundaries are primarily symbolic; they refer to the way in which dominant structures and enduring practices work to keep certain social groups, domains of knowledge and experiences apart (Atkinson 1985), constructing some as legitimate and sacred, and in need of protection from illegitimate, profane Others.

Atkinson (1985, p. 12) notes that 'the symbolic partition of the *sacred* from the *profane*' (original emphases) is a recurring theme in Bernstein's sociology. Etymologically, sacred refers to something or someone that is dedicated or set apart, devoted exclusively to one use, worthy of reverence and respect, or highly valued and important, while profane, literally beyond the temple, refers to something or someone that is impure, defiling of the sacred, uninitiated, or lacking esoteric or expert knowledge (Merriam-Webster Inc. 2006).

Classification

Classification measures the degree of insulation between fields, discourses and habituses (Chouliaraki & Fairclough 1999). Atkinson (1985, p. 135) regards the processes of classification in education as deriving from 'more general cultural activities of

boundary construction'. Classification is the concept used by Bernstein (1971) to conceptualise power. Power erects and sustains boundaries between different subjects, professional groups, institutions and disciplines; and power legitimises their delineation, distinctiveness and relative status with respect to one another. Stronger classification (C+) implies stronger boundaries *between* categories or contexts; weaker classification (C-) means that these boundaries have blurred or become permeable. Classification constitutes voice and regulates what counts as a legitimate discourse, or discipline, therefore establishing and reproducing power relations.

Framing

In Bernstein's sociology, control is conceptualised as framing. Framing is a matter of the regulation and control of practices. Stronger framing (F+) implies a sharper boundary, and weaker framing (F-) a more blurred boundary, between the habituses, capital and practices deemed appropriate or legitimate in a field such as higher education. Framing constitutes message and establishes what counts as admissible or inadmissible *within* fields, and on whose say so, and so establishes, transmits and reproduces – controls – the principles underlying given power relations.

Devices and codes

Bernstein's concept of devices, understood as regulators or invisible underlying generative mechanisms, and the codes, or systems of regulation, they generate, allows, first, a more precise conceptualisation of the particular capital available to agents as resources in their struggles within fields and, second, a more delicate specification of the underlying structuring principles that shape those fields and agents' habituses and practices. Particular disciplines, identities and educational and research programmes can be conceptualised as the empirical realisations of specific code modalities (Maton 2005).

A code modality comprises a set of rules that regulates and distributes power and forms of control in fields, and announces what should count as appropriate capital, habituses, practices and markers of achievement within them. Device is a way of conceptualising the generative mechanism that establishes the settings of principles coding for the particular code modalities which govern status within a field. The device is the means by which these principles are created, reproduced and changed. It regulates, for example, the distribution of mundane and esoteric knowledge according to the division of labour in society, determining access to the 'yet to be thought' and the 'unthinkable', and controlling 'who may think it' (Bernstein 1990, p. 183). It also furnishes the criteria by which subjects, practices and discourses are to be evaluated; in this way, the device shapes identity. Specifically, the legitimisation device embodies both a 'ruler of legitimate claims to knowledge' (Maton 2005, p. 52) and

a symbolic ruler of consciousness, giving rise
to the question 'Whose ruler, what
consciousness?'

(Bernstein 1996, p. 193).

This question concerns who controls the legitimisation device and the settings of the legitimisation principles (which regulate the legitimisation code modality) that they are trying to impose as the measure of legitimate habituses and practices.

Those who control the device can impose their vision by setting the principles in such a way as to privilege the volume and species of capital that they have accrued, and their ways of being and acting. Appropriation of the device is at stake in struggles for power and control in fields, and

becomes the focus of challenge, resistance and
conflict both within and between social
groups.

(Bernstein 1996, p. 193).

A dominant code modality is at once privileged and privileging; having priority in a field and conferring status upon agents (Maton 2005). Those whose habituses and practices are characterised by a different code modality may encounter problems in recognising and realising the practices necessary to succeed within a field.

Knowledge structures

In relation to the content of the academic field – the intellectual field of knowledge production – Bernstein's key intervention was to render knowledge itself visible as an object of study

with its own properties and powers which are emergent from, but irreducible to social practices and which, indeed, help to shape those practices.

(Maton & Muller 2007, p. 25).

Bernstein's (1999, 2000) work in this area has been elaborated and extended by Maton, Moore and Muller (e.g. Moore & Maton 2001; Maton 2005, 2006, 2007; Muller 2007; Maton & Muller 2007).

Bernstein was interested in the basis for the differential status or 'epistemic power' (Maton & Muller 2007, p. 32) of different forms of knowledge; that is, in

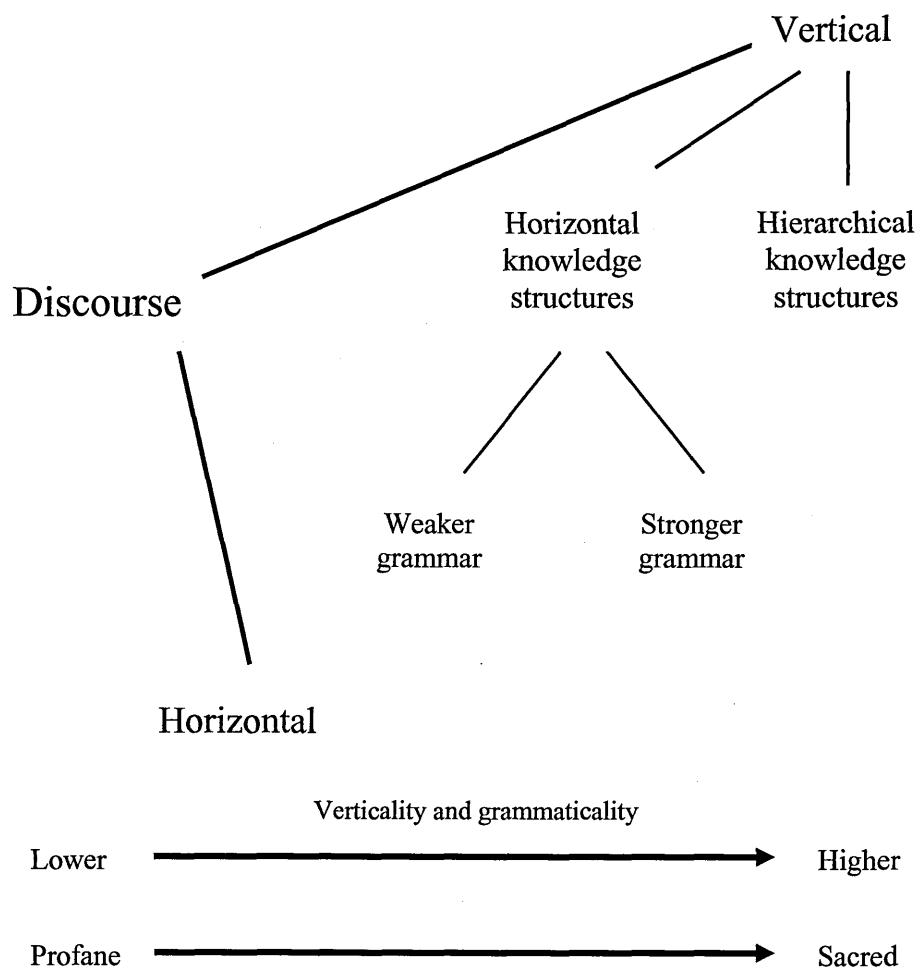
what makes some ideas, texts, actors, groups or institutions special or appear to partake of the sacred, and others profane.

(Maton 2006, p. 44).

Bernstein (1999) first distinguished between horizontal and vertical discourse, corresponding to the profane and sacred symbolic orders, respectively (figure 2.2). Horizontal discourse refers to everyday, common-sense, typically tacit, knowledges 'arising out of common problems of living and dying: it is likely to be oral, local, context dependent and specific' (Bernstein 1999, p. 159), and lacks an explicit integrating or co-ordinating

principle. Horizontal discourse is usually carried out in face-to-face situations with a strong affective component and is directed towards 'context-dependent practical mastery' (Maton in Christie *et al.* 2007, p. 242).

Figure 2.2 Discourses, knowledge structures and strengths of grammar (after Bernstein 1999)



Vertical discourse, on the other hand, is directed towards 'context-independent symbolic mastery' (Maton in Christie *et al.* 2007, p. 242) and refers to scholarly or professional knowledge. It

takes the form of a coherent, explicit, and systematically principled structure, hierarchically organised, as in the sciences, or it takes the form of a series of specialised languages with specialised modes of

interrogation and specialised criteria for the production and circulation of texts, as in the social sciences and humanities.

(Bernstein 1999, p. 159).

Vertical discourse has two forms: horizontal and hierarchical knowledge structures. These differ according to the way in which knowledge develops and progresses. Progression refers to the capacity to build on previous knowledge and a tendency towards increasing specialisation or differentiation (Muller 2007, p. 75). Maton compares intellectual creation in hierarchical knowledge structures to the building of great cathedrals and that in horizontal knowledge structures to the 'suburban sprawl' of 'low-level, largely identical buildings' (in Christie *et al.* 2007, p. 257).

Muller (2007) distinguishes knowledge structures according to two dimensions: verticality and grammaticality. Verticality concerns how theories develop and refers to the coherence of their conceptual syntax, their internal languages of description, their explanatory reach and sophistication, and the degree to which newer theories integrate and subsume previous ones. Grammaticality has to do with theories' empirical purchase, their external languages of description and the extent to which they may be subjected to worldly corroboration or, more accurately, disconfirmation: the principal means of generating progress within a discipline.

Exemplified by the natural sciences, hierarchical knowledge structures exhibit relatively strong verticality and grammaticality. They aim to create ever more general and abstract propositions and theories which integrate knowledge at lower levels in the hierarchy (Bernstein 1999). They are based on an integrating principle in that development takes the form of the greater generality, parsimony and integrative potential of new theory (Moore & Maton 2001). Growth of these structures is characterised by fusion, unification and centripetal forces.

They have a pyramidal structure and intellectual progress is characterised by widening the base and sharpening the tip of the pyramid; that is, by 'integration and subsumption of existing ideas within more overarching and generalizing propositions' (Maton & Muller 2007, p. 24). Stronger grammar means that choices between competing theories can be made on the basis of empirical testing.

Horizontal knowledge structures are characterised by relatively weak verticality and grammaticality; for example, the humanities and social sciences. They comprise a series of specialised and segmented languages or approaches 'with specialised modes of interrogation and criteria for the construction and circulation of texts' (Bernstein 1999, p. 162). Horizontal knowledge structures are based on a collection or serial principle in that development proceeds by the proliferation and accumulation of new languages. Growth here is fissiparous, generated by centrifugal forces. Within horizontal knowledge structures, however, there may be higher or lower verticality and grammaticality, distinctions which Bernstein (1999) condensed as strengths of grammar (figure 2.2).

Stronger grammar characterises those disciplines whose theories and languages exhibit constrained proliferation and that possess 'an explicit conceptual syntax capable of relatively precise empirical descriptions and/or generating formal modelling of empirical relations' (Bernstein 1999, p. 164), such as mathematics and economics. Disciplines with weaker grammar tend to proliferate theories and languages in an unconstrained manner. Consequently, their ability to formulate precise empirical descriptions and construct models is much weaker; for example, sociology and, its critics would argue, much of nursing's extant theoretical discourse (Paley 2006). In such cases, choices between competing theories cannot be resolved by recourse to empirical research and must be confined to

ideological critique (Maton & Muller 2007), personal preference, shifting fashion or vested interests.

Bernstein (1999) highlights the similarities between horizontal knowledge structures, especially those with weak grammars, and horizontal discourse. Both are serial, segmented and entail the tacit acquisition of a particular gaze or sensibility. It can prove difficult for agents professing horizontal knowledge structures with very weak verticality and grammaticality to insulate their disciplinary discourse from horizontal discourse. Such agents risk 'being viewed as speaking little more than a jargon-ridden form of everyday language' (Maton 2007, p. 95).

In the case of a horizontal knowledge structure such as academic nursing entering higher education, new authors and sponsors of new languages appear whose amounts and forms of capital may make it difficult for them to think beyond the habituses and practices arising from their personal and professional trajectories. Under these conditions, Bernstein expects that

horizontal knowledge structures, especially and particularly those with weak grammars...give rise to speakers obsessed with languages characterised by inherent obsolescence, weak powers of empirical descriptions and temporally retrospective. This, of course, is an implied contrast with hierarchical knowledge structures.

(Bernstein 1999, p. 167).

Here Bernstein confronts head-on the thorny issue of the differential status of knowledge forms, an issue 'considered beyond the pale in much contemporary social science' (Maton & Muller 2007, p. 18). Bernstein related the fundamental mental/manual division of labour in society to a cleavage between sacred and profane symbolic orders, corresponding to vertical and horizontal discourses, respectively. Within vertical discourse, increasing verticality and grammaticality are

associated with a move from the profane to the sacred (figure 2.2).

The sacred world is the world of conceptual relations, comprising the collective representations of a community which have accumulated over time, and which can be cognitively manipulated, codified and systematised 'virtually'; that is, free from empirical referents. The capacity to conceptualise the social world in this way allows new possibilities to be imagined and alternatives to the current state of affairs to be conceived. These possibilities and alternatives can then be tried out in the real world. The profane world is the mundane world of practical and direct wisdom, where meaning arises directly out of direct bodily engagement with the world, as in on-the-job knowledge (Muller 2007). The exemplary form of the sacred in contemporary society is science.

The sacred and profane co-exist in all social fields and practices; Bernstein's interest was in the strength of classification between the two. Strong classification between the sacred and profane sustains and reproduces the key social division between mental and manual labour:

the more differentiated the division of labour,
the more differentiated will be the distribution
of these sacred goods.

(Muller 2007, p. 68).

Bernstein's interest, then, was in how access to differently valued and rewarded forms of knowledge, and in particular, to the means of producing new knowledge, was distributed in society. For him, the crucial question was

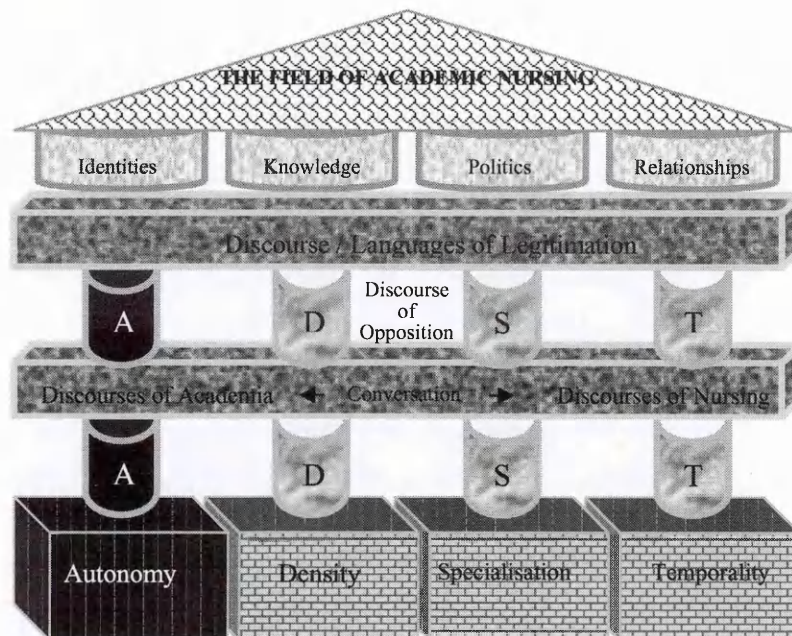
what kinds of knowledges are being
distributed to which social groups and to
shape what forms of consciousness.

(Maton & Muller 2007, p. 22).

Knowledge structures have implications for the intellectual shape and progression of academic disciplines, for academic identities, for research programmes, for curriculum planning and development, and for teaching methods. Bernstein suggests that the capacity of horizontal knowledge structures, particularly those with weaker grammars, to progress is limited. Their different segments or languages are shaped by the intellectual fashions of the day and quickly become obsolete, only to reappear later in a new guise saying nothing much that is new. In fact, confronted by an array of often competing languages, both academics and students can find it difficult to know when they are actually speaking or writing the discourse of a discipline. Academics, in particular, are vulnerable to accusations that they are merely professing the profane.

Legitimation principles

Autonomy



Autonomy refers to the degree of differentiation *between* a field and other arenas of social practice. Academic freedom has traditionally been a key marker of status in higher education and is evident in such polarising dichotomies as liberal/vocational, education/training and pure/applied, with the latter term devalued. What is at stake may be condensed as uselessness, knowledge for its own sake, versus utility, an external vocational orientation. Maton (2005) conceptualises two dimensions of autonomy: positional (PA) and relational (RA).

PA refers to academic freedom: distance from external involvement and control. RA refers to independence from extrinsic value systems and performance criteria. The nature of each dimension is given by Bernstein's concepts of external classification (C) and framing (F), or C^e , F^e : the relative strength of *external* boundaries and the locus of control across them. Each can be relatively stronger (+) or weaker (-).

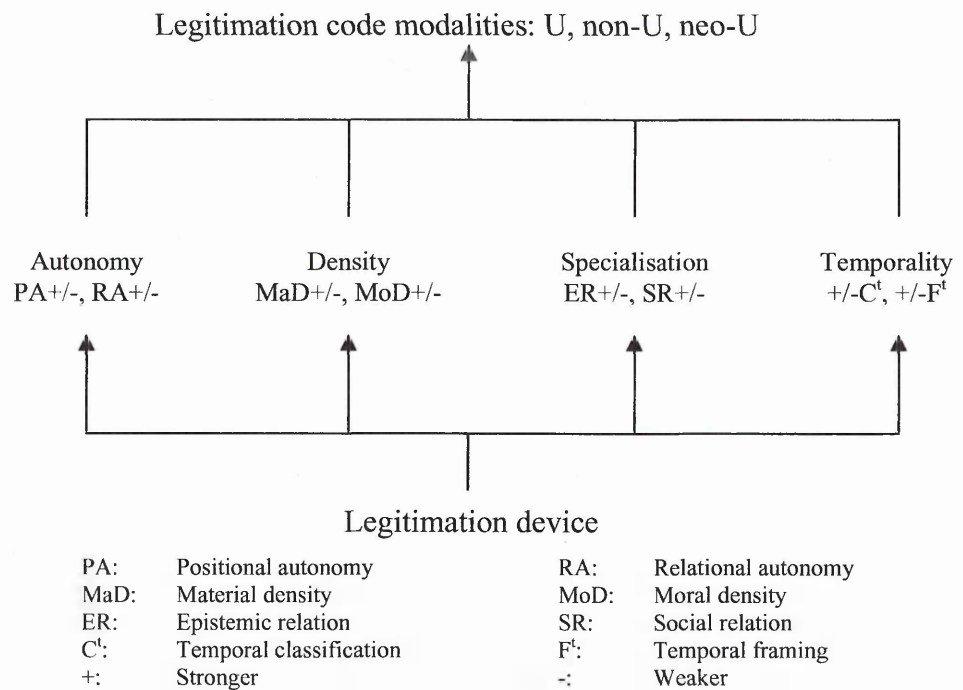
To achieve conceptual economy while maintaining grammaticality, Maton keeps the strengths of C^e and F^e aligned, yielding four possible settings. When PA and RA are themselves aligned, two principal settings: PA+, RA+, higher autonomy, and PA-, RA-, lower autonomy, can be conceptualised as the opposing poles of a continuum (figure 2.3). PA+, RA+ encodes what Maton (2005) terms a U-code modality, while PA-, RA- encodes a non-U code modality.³

Traditionally, low status institutions and disciplines were characterised by PA-, direct control by external agencies, and RA-, an orientation towards meeting the needs of the economy. As the handmaidens of employers, vocational subjects were anathema; the greater the distance from the need to earn a living the better. Independence from outside interference – the profane – gives PA+, as in the traditionally high status – sacred –

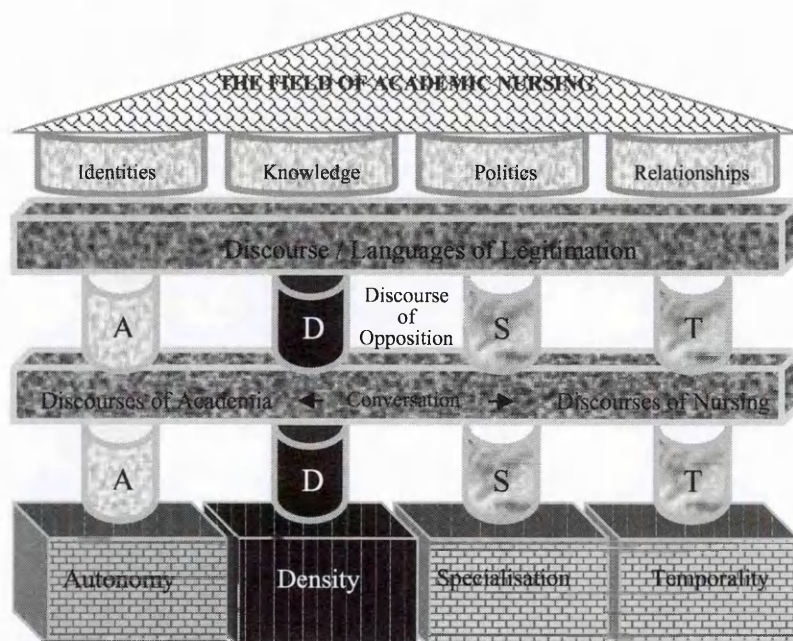
³ U in this context stands for university but also suggests upper, in a deliberate allusion to the term coined by the linguist A. S. C. Ross in 1954 to denote the language of the upper class. The U/non-U distinction was turned into a kind of cult by Nancy Mitford in her book of essays entitled *Noblesse Oblige*.

English University ideal. The valorisation of knowledge for its own sake over vocationalism and instrumentalism gives RA+.

Figure 2.3 Legitimation device, principles, settings and code modalities (after Maton 2005)



Density



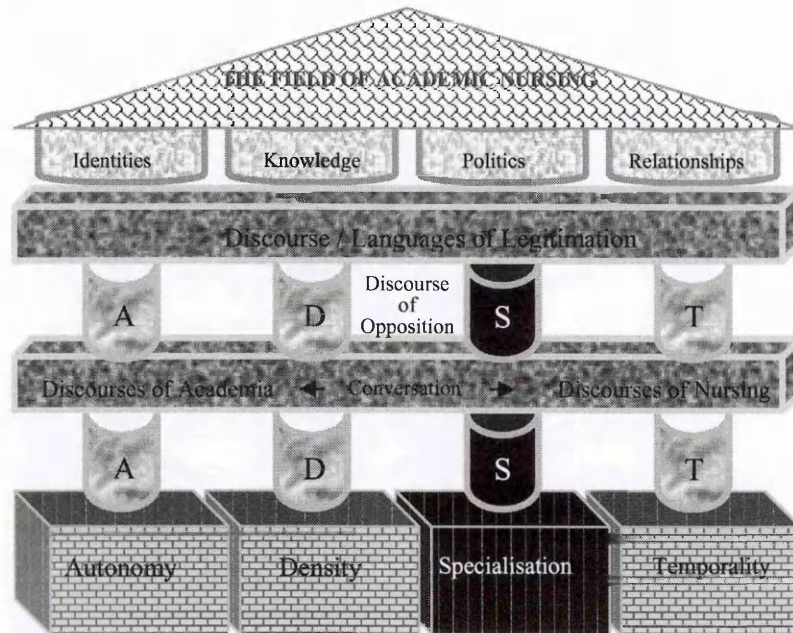
Density refers to the degree of differentiation among positions *within* a field, evident from the way in which issues of size, quantity and scale figure in participants' languages of legitimation. Again, there are two dimensions: material density – MaD – referring to the number of discrete units within an institution or discipline (e.g. the population of a university, staff to student ratios, texts in a canon or disciplinary inputs in a curriculum), and moral density – MoD – referring to the homogeneity of forms of capital, value systems and habituses within a field. MaD and MoD are conceptualised in terms of Bernstein's concepts of internal C and F, C^i and F^i : the relative strength of *internal* boundaries and the locus of control within them. Each can be relatively stronger (+) or weaker (-).

High status was traditionally associated with lower material and moral density: small-scale, well-integrated, residential institutions characterised by close and sustained interaction between teachers and students (MaD-); and the preservation of a single common culture based on shared social and educational backgrounds, and a homogeneous set of stable beliefs (MoD-). Higher material and moral density (MaD+, MoD+) characterises larger, sprawling and anonymous institutions, imparting numerous forms of knowledge to large groups of diverse students; these were considered low status. Again, a continuum is proposed between two dichotomous settings: lower density, MaD-, MoD- (small population, homogeneous), and higher density, MaD+, MoD+ (large population, heterogeneous) (Maton 2005) (figure 2.3).

The issues at stake crystallise around quality versus quantity: the few versus the many. Status resided in the former, *élite*, as opposed to mass or universal higher education. The small-scale and homogeneous were valorised over the large-scale and diverse. In terms of material density, the belief was that small is beautiful (MaD-). In relation to moral density, less was more in terms of value systems; the focus was on the preservation of a

single cohesive culture (MoD-). The dominant U-code valued non-differentiation, a singular, integrated, seamless and indivisible whole education encompassing the entire life of the student – lower material and moral density (MaD-, MoD-).

Specialisation



The principle of specialisation is captured in the dichotomy between knowers and knowledge, and breadth versus depth. It establishes the basis of differentiation: the ways in which agents (e.g., nursing academics) and discourses (e.g., nursing theory, philosophy, history, psychology, sociology, biochemistry) within higher education are constructed as special, different or unique, and thus worthy of recognition as legitimate. Specialisation can be conceptualised in terms of the epistemic relation (ER) and the social relation (SR). ER is to non-arbitrary structures of knowledge; *what* knowledge is claimed and *how* it is obtained: the disciplinary field. SR is to the arbitrary; *who* may claim particular knowledge: the social and cultural field (Maton 2005).

Each relation can be relatively strongly (+) or weakly (-) classified and framed. Aligning strengths of C and F gives four settings from combining ER+/- and SR+/- (figure 2.3). Agents

may emphasise one or other, both or neither, as the basis of distinctiveness, authority and status; conversely their identity, relations and practices are shaped in different ways by ER and SR. This yields four settings of the specialisation principle: knowledge, knower, elite and relativist (Maton 2005).

The knowledge setting (ER+, SR-) emphasises mastery of specialised procedures, techniques or skills as the basis of claims to legitimate knowledge (figure 2.4). Specialist disciplinary knowledge is the basis of identity, legitimate insight, self-consciousness, relationships and practices. Representations of science as concerned with the investigation of an impersonal, objective reality by means of impersonal, objective experimental and mathematical procedures exemplify this setting. ‘Real’ knowledge is practical and applicable, and numbers are more powerful than words. Acquisition of a distinct specialist and scientific language requires prolonged, rigorous instruction as opposed to refining one’s taste and judgement by immersion in the cultured and acculturating milieu of the humanities disciplines. *What* you know and *how* matter far more than *who* you are.

Figure 2.4 Specialisation principle settings for science and the humanities (after Maton 2007)

	Scientific culture	Humanist culture
Epistemic relation	+C, +F	-C, -F
Social relation	-C, -F	+C, +F
Specialisation setting	Knowledge setting (ER+, SR-)	Knower setting (ER-, SR+)

Note: Classification (C) refers to the relative strengths of boundaries *between* categories or contexts; framing (F) refers to relative strength of control *within* these categories or contexts; ER refers to epistemic relation and SR to social relation; +/- indicates relatively stronger/weaker. The notation for specialisation settings condenses, for example, ‘ER (-C, -F)’ to become ER-, or ‘SR (+C, +F)’ to become SR+.

The knower setting (ER-, SR+) emphasises agents' dispositions as the basis of claims to legitimate knowing (figure 2.4). These dispositions may be portrayed as 'natural' abilities, moral character, honed intuition, imaginative insights, cultivated inner sensibilities, or as deriving from social position. Narrow disciplinary specialisation is a negative influence to be downplayed; knowers are not mere specialists, but all-round cultivated thinkers. Educational practice favours a broad liberal curriculum emphasising not only ways of knowing, but also the entire way of life of carefully selected students – not just the training of specialists. This setting is exemplified in representations of the humanities as in and of themselves embodying breadth and thus capable of inculcating the generic mental capacities necessary to cultivate knowers' habituses through the acquisition of privileged and privileging dispositions, and the instillation of a particular socialised gaze (Maton 2005).

At the elite setting (ER+, SR+), insight and membership are based not only on possessing correct knowledge but also on having the right kinds of dispositions. The relativist setting (ER-, SR-) emphasises neither one's knowledge nor one's dispositions as the basis of identity and practices.

The field of higher education has traditionally been structured by two dominant settings: knower specialisation, as epitomised in the traditional Oxbridge ideal, where the basis of identity and status is one's social capital and institution (SR+) rather than one's discipline (ER-); and knowledge specialisation, where one's discipline is the basis of identity (ER+) and the institutional setting and social background are much less salient aspects of one's habitus (SR-). Traditionally, status inhered in the knower setting; generalists were held in higher regard than specialists, breadth of knowledge was valued over depth, and cultivated sensibilities over scholasticism, as epitomised in the idea of the amateur generalist with a breadth of culture

dedicated to cultivating the habituses of students handpicked for their ability to fit into the established life of the institution. Lower status institutions were populated by agents considered more loyal to their discipline or department than their institution. Where one's loyalty lay was thus itself a marker of status (Maton 2005).

Knower structures

The notion of the legitimization principle of specialisation allows Maton to highlight and elaborate the concept of knower structures, revealing another dimension to knowledge formation and extending Bernstein's work on knowledge structures (Maton 2006, 2007). The knowledge setting (ER+, SR-), as exemplified by the natural sciences, corresponds to Bernstein's hierarchical knowledge structure; the knower setting (ER-, SR+), as in the humanities, to his horizontal knowledge structure (figure 2.2). For Maton (2006, 2007), the humanities also exhibit a hierarchical *knower* structure, and the natural sciences a horizontal *knower* structure (figure 2.5). The difference between academic disciplines then may be

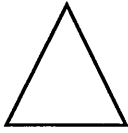


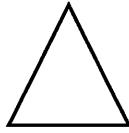
less whether they are hierarchical or not and more where their hierarchizing and recontextualizing principle lies: in the knowledge structure or in the knower structure (or in both).

(Maton 2006, p. 49).

In other words, the two knowledge structures have opposing ideas of what constitutes the sacred: for hierarchical knowledge structures, the sacred inheres in specialised disciplinary knowledge; for horizontal knowledge structures, the sacred resides within specialised knowers (figure 2.5). Humanist culture, for example, is portrayed as specialising academic or disciplinary identity according to the habituses of knowers: their characters, sensibilities and dispositions. Its hierarchical knower structure may be represented as a pyramid of knowers with an

image of an ideal knower at its apex whereby diverse, perhaps even profane, knowers at lower levels are progressively integrated and specialised to attain the sacred ideal through educational and socialisation processes (figure 2.5). Academic ability here is a personal matter; the ideal knower is the cultivated generalist and disciplinary specialisation is devalued (Maton 2007). Scientific knowledge, with its horizontal knower structure, is represented as being independent of, and indifferent to, the social backgrounds and personal attributes of its proponents: anyone can enter the sacred (Maton 2006). Scientific culture is thus considered more democratic and meritocratic; the possession of sacred knowledge being open to all, provided they follow the correct procedures.

Figure 2.5 Science and the humanities as knowledge and knower structures (after Maton 2007)

	Scientific culture	Humanist culture
Knowledge structures	 (hierarchical)	 (horizontal)
Knower structures	 (horizontal)	 (hierarchical)

The principle of specialisation highlights how agents are not only positioned in both a structure of knowledge and a structure of knowers but also establish different relations to each structure in their practices. It becomes possible to distinguish analytically between agents' epistemic relation to the knowledge structure (ER) and their social relation to the knower structure (SR). Agents' languages of legitimation may emphasise the knowledge structure, the knower structure, neither or both. The

two structures characterise the form of capital that academics bring to the struggle for ascendancy between 'who you are' and 'what you know' as the rulers (in both senses of measures and governors) of legitimacy in the intellectual field.

The appeal and power of science may, Maton (2006, p. 51) suggests, lie in its 'discursive distance' from the contents and form of profane, horizontal discourse. Science is specialised by its language rather than its speakers and this language has been subject to progressive 'mathematization', increasing its distance from commonsense understandings. The basis of status and identity in the humanities, by contrast, lies more in 'dispositional distance' (Maton 2006, p. 51) from the laity and less in the possession and profession of specialised knowledge and skills. As the laity increasingly gains access to higher education, becomes more literate, finds its voice and feels entitled to make it heard, it challenges the humanities' hierarchy of knowers and the basis for their claim to be in some way special and distinctive. In such a climate, some humanists are vulnerable to the accusation that they are nothing special and profess little more than convoluted forms of profane common sense; an accusation that the man-in-the-street is unlikely ever to level at biochemists or neurosurgeons.

Academic identity

The principle of specialisation goes to the heart of what it means to be an academic. In relation to academic identity, the key question for Bernstein concerns the resources available to agents, under conditions of social, cultural and economic change, for constructing 'a sense of belonging to' and being 'different from', as well as for managing 'internal sense making and external relationships, in time, space and context' (Bernstein & Solomon 1999, p. 271). Together, the concepts of knowledge and knower structures allow us to enquire into the resources of legitimacy available in contemporary academia and how these

differently specialise academic identities and practices (Maton 2007).

Whether disciplines are predominantly discursively or dispositionally based has implications for their structure and development (Maton 2007). Power relations, through relations of classification, set limits on what counts as a legitimate identity or voice. The discourse or message, what the voice says and how, is a function of framing. The stronger the framing, the less scope there is for variation in the form and content of the discourse. Academic identity is thus 'a function of the classificatory and framing relations' which regulate the intellectual field (Bernstein & Solomon 1999, p. 271).

While the limits on what counts as being a legitimate knower may be arbitrary (though the effects of the resulting judgments are no less real for being so), the crucial point that Bernstein and his followers highlight is that, in relation to knowledge structures, the limits are *not* arbitrary: there *are* 'more or less epistemologically powerful claims to truth' (Maton 2000, p. 149). As Maton reminds us,

it is not enough to be well-intentioned, one also
needs epistemologically powerful knowledge.
(in Christie *et al.* 2007, p. 240).

Epistemic power increases as the verticality and grammaticality of the knowledge structure strengthen (Muller 2007) (figure 2.2). To deny the essential differences between horizontal and vertical discourse, and between horizontal and hierarchical knowledge structures within vertical discourse, is to abandon attempts to make it possible for students to move from the profane to the sacred. Indeed, it is tantamount to trying to make the sacred, in the form of a *proper* education at any level, profane, in the sense of being indistinguishable from the mundane world of practicality and commonsense (Maton in Christie *et al.* 2007).

For Maton, the urgent task for educators is to 'provide pupils with what we possess' (in Christie *et al.* 2007, p. 242) through curriculum and pedagogy. But who exactly are nursing academics, and what do they possess and profess, in the sense of being specialised knowers with command of specialist knowledge(s)? This stark question pervaded my conversations with the key agents in Irish nursing. Muller, for one, is clear about what they *should* possess:

an internalized map of the conceptual
structure of the subject, acquired through
disciplinary training.

(Muller 2007, p. 82).

That is, academics must be able to speak the disciplinary grammar of their subject.

This exegesis, explication and elaboration of Bernstein's work challenges us to address the *knowledge* dimension of what makes an academic an academic and a teacher a teacher. But what sort of academic discipline is nursing; if discipline it be?

Singulars

Regardless of whether they are specialised by their epistemic or social relations, Bernstein (2000) refers to bounded disciplines as 'singulars' whose

sacred face sets them apart, legitimises their
otherness and creates dedicated identities with
no reference other than to their
calling...Organisationally and politically,
singulars construct strong boundary
maintenance. From this point of view
singulars develop strong autonomous self-
sealing and narcissistic identities.

(Bernstein 2000, pp. 54-55).

Singulars socialise both teachers and students into identities that are pure and bounded. Their discourses come to be regarded as something apart, something sacred, as:

uncommonsense...freed from the particular,
the local, through the various explicit
languages of the sciences or implicit
languages of the arts.

(Bernstein 1971, p. 215).

For Bernstein (2000), power, both social and epistemic, creates, legitimises and reproduces the boundaries between singulars; singulars can be thought of as discourses whose agents have been successful in appropriating and naming a space for themselves and their knowledge.

In the contemporary intellectual field, Henkel (2000, 2004, 2005a, b) has consistently found that singulars are fundamental to the formation of the 'identities (the values, self-definition and self-esteem) of academics' (Henkel 2005b, p. 156). In today's academy, singulars with hierarchical knowledge structures are in the ascendant. Many disciplines with horizontal knowledge structures, particularly those with weaker grammars, have made efforts to strengthen both their grammaticality and verticality (Goodson 1981, Pitchford & Bacon 2005).

The enduring power and attraction of the traditionally higher status hierarchical knower structure is, however, evident in concerns over overspecialisation and factionalism within higher education. The valorisation in some intellectual circles of transdisciplinary or mode 2 ways of working may be seen as a response to such concerns. Many academics, however, remain sceptical about the claims made for such approaches and insist that academic identity and credibility must first be grounded in a single disciplinary field: first disciplinary specialisation and only then legitimacy as a transdisciplinary knower (Muller 2000, Gould 2003, Strober 2006).

Regions

A region is

an ensemble of singulars combined sometimes with segments of everyday or procedural knowledge.

(Muller in Christie *et al.* 2007, pp. 256-7).

Regions thus entail a blurring of boundaries between previously insulated fields, such as education and the economy; between knowledge domains, such as pure and applied knowledge; or between singulars. Such mixing challenges existing relations of power and control, and may be experienced as a pollution endangering the sacred. Consequently, it tends to be strongly resisted. Bernstein (1971) anticipates particular problems

with the question of new forms, as to their legitimacy, at what point they belong, when, where and by whom the form should be taught.

(Bernstein 1971, p. 213).

Genericism

The incursion into higher education of market-oriented values and a managerial ethos have resulted in a commodification of education and modularisation, resulting in the displacement of singulars in favour of a proliferation of regions (Beck 2002, Beck & Young 2005). Beck and Young (2005, p. 190) note that the process of regionalisation is associated with the emergence in higher education of a new discourse which, following Bernstein (2000, p. 53), they term 'genericism'. It is as if genericism, with its calls for multidisciplinary, interdisciplinary, or even postdisciplinary work, and its emphasis on transferable, core or key skills and competences, provides the crucial overarching integrating concept, the 'supracontent concept' (Bernstein 1971, p. 217) that binds diverse singulars together in the new regions. The emphasis is on lifelong learning or 'trainability' (Bernstein 2000, p. 59). However, there is

an emptiness in the concept of trainability, an emptiness which makes the concept self-referential and thus excluding...the identity produced by 'trainability' is socially empty.

(Bernstein 2000, p. 59).

The upshot, as Beck (2002) and Beck and Young (2005) argue, is a creeping de-specialisation of higher education institutions and a growing diffuseness, emptiness, rarefaction and evacuation of academic identities, now cut adrift from their moorings in a deep, stable, inner commitment to a strongly classified disciplinary domain. It is as if, once boundaries are dissolved, the profane outside seeps in and contaminates the field.

Relevant to the present study is the question of how Bernstein would account for the strong forms of inner dedication and secure professional and academic identities exhibited by agents in regions such as medicine. Crucial to medical academics' success in establishing early on a base for themselves in academia was their achievement of 'an exceptional measure of collective *collegiate* autonomy' (Beck & Young 2005, p. 188; original emphasis) over their professional preparation and practice. Medical academics were able to define 'the boundaries of their own knowledge base' (Beck & Young 2005, p. 188) and institutionalise it as a curriculum in professional schools located in higher education institutions with a liberal humanist ethos. They subjected carefully selected students to intensive socialisation enabling them to acquire the requisite volume and species of capital to form legitimate professional habituses. In this way, they created 'exceptionally strong external boundaries' around their 'corpus of professional knowledge', which protected them from the profane and from external 'interference' and 'contamination' (Beck & Young 2005, p. 188). This was

key to the development of forms of inner
dedication to ends and values that
transcended...mundane considerations.

(Beck & Young 2005, p. 188).

In Maton's (2005) terms, academic medicine exhibits high positional and relational autonomy, and low material and moral density (note the emphasis on *collegiality* in Beck and Young (2005) above) consistent with the traditionally dominant U-code of the intellectual field. As regards specialisation, medicine may initially have exhibited a knower setting but its alignment with the enormous advances occurring in the natural sciences at the end of the nineteenth and throughout the twentieth century, and the consequent rapid growth of scientific medicine, indicates a shift to knowledge specialisation: the establishment of a strong epistemic relation to hierarchical knowledge structures. In fact, medicine as both a profession and a region may be regarded as enshrining an élite setting of the specialisation principle, exhibiting hierarchical knowledge *and* knower structures.

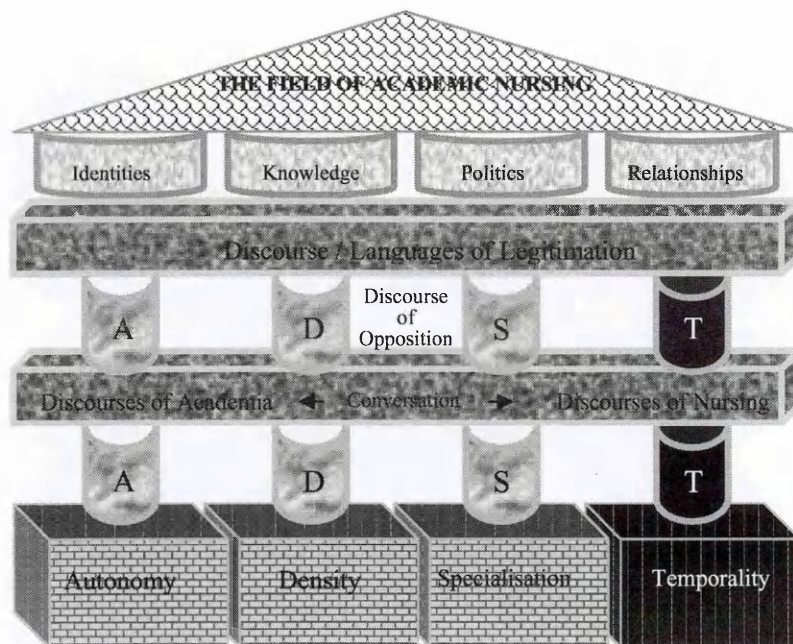
Maton's work brings into the open something that was lacking from the account of Beck and Young (2005): the status and prestige of medicine is a result not only of its social power and longevity, but also of the epistemic power of the singulars which comprise its region, and of its degree of intellectual specialisation and differentiation (Rafferty 1996). Repeated and, revealingly, consistently controversial calls for regions such as education (e.g., Hargreaves 1996/2007) and nursing (e.g., Paley 2001, 2004; R. Watson 2003) to build an evidence base for practice analogous to that of medicine are testament both to the perceived success of the hierarchical knowledge structure of medical science and to the enduring appeal of hierarchical knower structures amongst academics in nursing and education.

Longevity, though, is an important factor when considering legitimacy and it is to the legitimisation principle of temporality that I now turn.

Temporality

At stake here is the relative status attaching to long-established as opposed to neophyte institutions, disciplines, identities and practices: the past versus present (and future). Maton (2005) postulates three dimensions of temporality:

- Age, referring to positions in a temporal field, conceptualised as occupying points on an axis from relatively older to relatively younger;
- Orientation, referring to direction of gaze on this temporal field, considered as two continua ranging from prospective to retrospective, and from outward-looking to inward-looking; and
- Rate of change, varying from stagnant to continuously evolving.



The structuring principles giving rise to these dimensions can be thought of in terms of the temporal equivalents of C and F, C^t and F^t . The strength of temporal C, $\pm C^t$, refers to strength of boundaries between temporal categories; for example, between the present and a period in the past associated with key figures or seminal works. Stronger C^t refers to relative longevity. The strength of temporal F, $\pm F^t$, refers to the locus of control with

respect to time. Stronger F^t refers to a strong influence on the present from long-established traditions, canons, agents and practices.

Thinking of age and orientation in terms of $+/-C^t$ and $+/-F^t$, gives four principal temporal settings: archaeo-retrospective ($+C^t, +F^t$), older and backward looking; archaeo-prospective ($+C^t, -F^t$), older and forward looking; neo-retrospective ($-C^t, +F^t$), younger and backward looking; and neo-prospective ($-C^t, -F^t$), younger and forward looking (Maton 2005) (figure 2.3). To reiterate, longer-established positions (archaeo-) may display characteristics inherited from the past (retrospective), or look towards newer incarnations (prospective). Newer positions (neo-) may be influenced by traditional practices (retrospective), or may innovate to realise new forms (prospective). Maton (2005) argues that the field of post-War English higher education was structured by two principal settings of the principle of temporality: archaeo-retrospective ($+C^t, +F^t$) and neo-retrospective ($-C^t, +F^t$).

For many years, higher status institutions and disciplines were legitimated as ancient and looking to their venerable past for current practices: the older, the better ($+C^t$). Such positions looked backwards to the past and kept the modern world at arms length ($+F^t$). Factoring in the dimensions of external-internal orientation and rate of change, higher-status institutions and disciplines were characterised as old, inward-looking, steeped in conventions and customs, conservative and reluctant to change; lower-status institutions were newer, outward-looking, innovative and eager to embrace change.

Preoccupied with occupational relevance and requiring a relatively short-term return on their educational investment, new subject areas, and the staff and students they bring into higher education, are frequently represented as embodying the wrong kinds of practices and habituses (Maton 2004, 2005). Their neo-prospective temporality together with low autonomy, high

density and knowledge specialisation constitute the settings of a profane, non-U, legitimisation code, posing a threat to the continued ownership of the legitimisation device by long-established and dominant players of the academic game.

Many academics portray themselves as struggling against the odds to uphold the values and aims of a higher education worthy of the name in the face of the threat posed by these profane influences. The response to this perceived threat entails a recontextualisation of past principles and practices to take account of prevailing imperatives. A new legitimisation code, the neo-U code, embodies those settings of the legitimisation principles characteristic of the traditionally dominant legitimisation code. By preserving autonomy, lowering density and initiating knowers into the sacred mysteries of a proper higher education, agents construct themselves as striving to ensure that their new positions are based on an updated and revitalised version of the established principles structuring higher education: neo-retrospective temporality (Maton 2005).

Discussion: the legitimisation device and the field of academic nursing

The theory of the legitimisation device, I propose, offers a new conceptual language for talking and thinking about the issues raised by the ongoing debate within and concerning academic nursing. The terms of much of this debate are predicated on the cleavage between the sacred and the profane; for example, intellectual/bodily, mental/manual, theory/practice, cleverness/caring, science/art, medicine/nursing, thinking/doing, mind/heart and profession/vocation (McNamara 2006, Fealy & McNamara 2007a).

These dichotomies reflect a tension between liberal humanist, enlightenment (U-code) and instrumental/technological, engineering (non-U code) notions of higher education (Hammersley 1997/2007, Maton 2005). The debate concerning academic nursing may be conceptualised as the empirical realisation of the underlying rulers and rules of legitimacy in the

intellectual field, and as providing a window on the structuring principles underlying that field and the field of academic nursing. Explication of these principles helps to illuminate what is actually at stake in struggles for recognition and may even suggest strategies for nursing's legitimate participation and success in contemporary academia.

Nursing academics' attempts to legitimate academic nursing yield insights into their views regarding nursing's 'sacred'. For example, many North American nurse theorists (e.g., Parse 1999, Fawcett 2005, J. Watson 2005) and their Scandinavian counterparts, such as Eriksson (Lindström *et al.* 2006) and Martinsen (2006), articulate a vision of nursing as a liberal humanist discipline, which suggests a process of 'academic drift' (Maton 2005, p. 152) towards an enduring, and still dominant, U-code ideal of higher education. Much of the debate within academic nursing concerns whether this is a useful strategy for establishing the academic legitimacy of a professional practice discipline.

Autonomy

In order to enhance its status, academic nursing might be expected to proclaim its 'sacredness' or purity by stressing its positional autonomy from other academic disciplines, from other healthcare occupations, from the everyday exigencies of 'profane' nursing practice, and from health service imperatives. In terms of relational autonomy, the implicit and explicit markers of success and legitimacy in academic nursing might be held to embody a very different set of assumptions and values from those prevailing in the field of clinical nursing or other academic disciplines. Fawcett (2006) and Lenz (2007), for example, decry the medicalisation of advanced nursing practice and education, and warn against the displacement of nursing philosophies, conceptual models and theories in favour of training for a limited range of technical skills, and instruction in potted versions of anatomy, biochemistry, pharmacology and

physiology. The extent to which such arguments figure in other nursing academics' discourses of legitimisation is explored in Chapters 4, 5 and 6.

In discourses of opposition, non-traditional, vocationally-oriented students, staff and areas of study are constructed as the profane, the non-U, entering the sacred, the U (Maton 2004). Legitimising academic nursing solely in terms of social enhancement for nurses without reference to epistemic considerations may also be construed as an illegitimate, profane reason for seeking academic recognition (Scanlan 1991, McNamara 2006). A preoccupation with the need to insulate nursing students from the corrupting influences of the clinical domain and its supposed anti-intellectualism (Orr 1997, Thompson & R. Watson 2001, Miers 2002) points to competing value systems and priorities between some agents in the field of academic nursing and others in nursing practice.

Density

Massification, subject partitioning, subject dispersion and the disciplinary dignification of vocational and semi-professional occupations (Becher & Trowler 2001) have led to an increase in moral and material density in higher education generally. Within academic nursing, former nurse tutors may be regarded as increasing material and moral density by virtue of their numbers and their particular habituses and forms of capital. Epistemically, if not socially, nursing academics are a loosely-knit, heterogeneous group, having typically acquired their academic qualifications in a range of disciplines. This may militate against convergence (Becher & Trowler 2001) and the formation of a collegial and integrated critical mass of scholars (Delamont *et al.* 1997a, b) – lower density – necessary to establish and drive focused programmes of research. Lack of consensus regarding conceptual and theoretical frameworks, methodological approaches, and even objects of study, mark nursing as rural, divergent and polyvalent (Becher & Trowler

2001, Drummond 2004) all terms suggestive of high density – and low status. The extent to which the principle of density structures the discourses of opposition and legitimation is considered further in Chapters 4 and 6.

Specialisation

The concepts of hierarchical and horizontal knowledge and knower structures (figure 2.5) give rise to interesting questions concerning academic nursing discourse; for example,

- Where is its hierarchising principle, its ‘sacred’, located: in its knowledge structure, knower structure, both or neither?

In addition, potentially revealing supplementary questions may be posed:

- If academic nursing is discursively based, what is the nature and content – ‘grammar’ – of its specialised language and what does it say? That is, what, if anything, is nursing academics’ epistemic relation *to*?
- If academic nursing is dispositionally based, what sort of knower may legitimately profess it and what sort of knower does it seek to produce?

In Chapters 4 and 6, the principle of specialisation is used to analyse texts and talk concerning academic nursing by posing questions such as these.

Temporality

The principle of temporality provides another lens through which to view academic nursing and the discursive practices of its opponents and proponents. Opponents of higher education for nurses tend to look back fondly on the apprenticeship model of nurse training as instilling the proper values and habituses for the practice of nursing (Bradshaw 2001b); this entails an archaeo-retrospective temporal setting for nursing: a long-established vocation looking back to its past to inform its present. It also represents an archaeo-retrospective temporal

setting for higher education; keeping practices such as nursing outside the mainstream of higher education acts as a safety-valve which preserves the dominant code underlying the academic field by directing potentially profane and contaminating influences elsewhere; for example, further education (R. Watson & Thompson 2004).

Proponents of the academic nursing discourse styling itself 'nursing science' (e.g., Parse 1999) invoke neo-retrospective temporality in their languages of legitimation.⁴ Academic nursing is frequently referred to as an emerging or 'nascent' (Cody 2001, p. 277) presence in academia but is legitimated by stressing its retrospective orientation, manifest in a 'platonic quest for application of abstract theories' (Brykczynski 2006, p.153) derived from the classical liberal humanist disciplines. In the course of their discursive attempts to articulate nursing's sacred, nurse scholars, such as Parse (1999), J. Watson (2005), Eriksson (Lindström *et al.* 2006) and Martinsen (2006), display neo-retrospective temporality and thus attempt to align academic nursing with a neo-U legitimation code. This also necessitates distinguishing their current habituses, capital and practices from those pertaining in the era of the nurse apprentice (Bradshaw 2001a). The pasts that are recontextualised to the present in the discourses of opposition and legitimation are thus very different pasts.

Those who insist that nursing is a liberal humanist discipline are sometimes accused of assuming an inward-looking, narcissistic posture, perpetuating a 'virtue script' (Nelson & Gordon 2006, p. 7), which militates against the articulation of a knowledge-based identity for nurses, and almost wilfully denies the realities and exigencies of everyday 'bedside nursing' (Clarke 2006, p.

⁴ As in the journal *Nursing Science Quarterly* of which Parse is editor. Paradoxically, what its proponents term 'nursing science' would much more accurately be termed 'nursing humanities' (see Drummond 2004 and discussion in Chapter 4). The appropriation of the label 'science' presumably serves a rhetorical purpose in building an identity for academic nursing grounded in a prestigious sign system.

177). Many nurse scholars believe such attempts at asserting legitimacy have had the paradoxical effect of retarding nursing's development as a scientific, knowledge-based, academic and professional discipline. Others, however, insist that the higher reaches of the educational system are precisely about cultivating knowers to think the impossible, and that nursing practice as currently realised in dysfunctional healthcare systems should not be the sole, or even principal, basis for nursing education programmes at undergraduate level and above (Mitchell & Bournes 2006).

These and other arguments comprising the debate about academic nursing are explored in more detail in later chapters. Before this, in the next chapter, I discuss the critical discourse analytic perspective informing the research design of the study.

Chapter 3

Methodology: Critical Discourse Analysis and Identities

finding an identity might be crucial for ontological security but it is also needed for business purposes.

Lilie Chouliaraki and Norman Fairclough (1999, p. 96).

Introduction

Constructivist-structuralism underpins critical discourse analysis as a research approach (Chouliaraki & Fairclough 1999, Fairclough 2003). Accordingly, language is viewed as constructing frameworks for making sense of and representing the world in particular ways, which have, over time, come to construct institutional relations and practices (constructivism), with their own structuring properties, powers and effects (structuralism). Constructivist-structuralism is based on a 'realist ontology' (Fairclough 2003, p. 14). Realists accept the role of language and discourse in the construction of social structures but argue that, once constructed, they are effectively 'reified' and constrain agents' ability to effect change in those structures, their practices and themselves. Discursive practices and the texts they produce are thus shaped both by social structures and by social agents.

What is *critical* about critical discourse analysis is its concern with the ways in which language works ideologically to represent the social world in ways that further the interests of particular groups through the production, reproduction or transformation of social structures, relations, and identities (Benwell & Stokoe 2006). For Fairclough (2003), although primarily representations, ideologies are also enacted in social practices and inculcated in agents' identities. Texts are regarded as sites of struggles over representation, which are also struggles over which practices, habituses and forms of capital are considered legitimate. This highlights the ways in which language is the means of attempts to acquire and maintain power and control.

Discourse analysts are also interested in identifying the traces of history discernible in contemporary discourses by revealing regular patterns in the images, metaphors and other rhetorical devices used to construct versions of the social world (Edley 2001). The particular words used in conversational exchanges evoke and resonate with a history of struggles:

utterances are threads...they connect with other utterances and other conversations, texts and documents...Such an approach is interested in the discursive links which connect representations and accounts in one conversation, text, document or fragment of discourse with other conversations, texts, documents, etc. in a culture and with trying to decipher the power relations which lead to the emergence of precisely these patterns.

(Wetherell 2001, p. 389).

Although the term discourse may be used in a general way to refer to language and other forms of representation, such as visual images (Fairclough 2003), it is also used more specifically to refer to

socially accepted associations among ways of using language, of thinking, valuing, acting and interacting, in the “right” places and the “right” times with the “right” objects (associations that can be used to identify oneself as a member of a socially meaningful group or “social network”).

(Gee 2005, p. 26).

For Gee, discourses are, at once, social practices, mental maps and material realities. We enter into discourses as we go about the practical activities of our lives, as we account for ourselves and as we enact particular identities. Discourses constitute the conditions of possibility that govern what is

thinkable, 'sayable' and 'doable' in particular historical, sociocultural and local interactional contexts. In any given situation, we draw on multiple, even competing, discourses as we attempt to legitimate ourselves.

Discourse analysts believe that discourses are an appropriate site for investigating identity because discursive practices are central to the constitution of subjectivity:

what it means to be a person, the formulation of an internal life, an identity and a way of being in the world develop as external public dialogue moves inside to form the 'voices of the mind.'

(Wetherell & Edley 1999, p. 337).

The discourses to be critically analysed in this study are the discourses of opposition and legitimation attending academic nursing. The 'external public dialogue' between these discourses constitutes a 'conversation' (Gee 2005) between various representations of academia and nursing (figure 1.1). This conversation comprises the 'broader or more global patterns in collective sense-making and understanding' (Wetherell & Edley 1999, p. 338) and furnishes the raw material from which nursing academics' representations and accounts of themselves are constructed (Seymour-Smith *et al.* 2002).

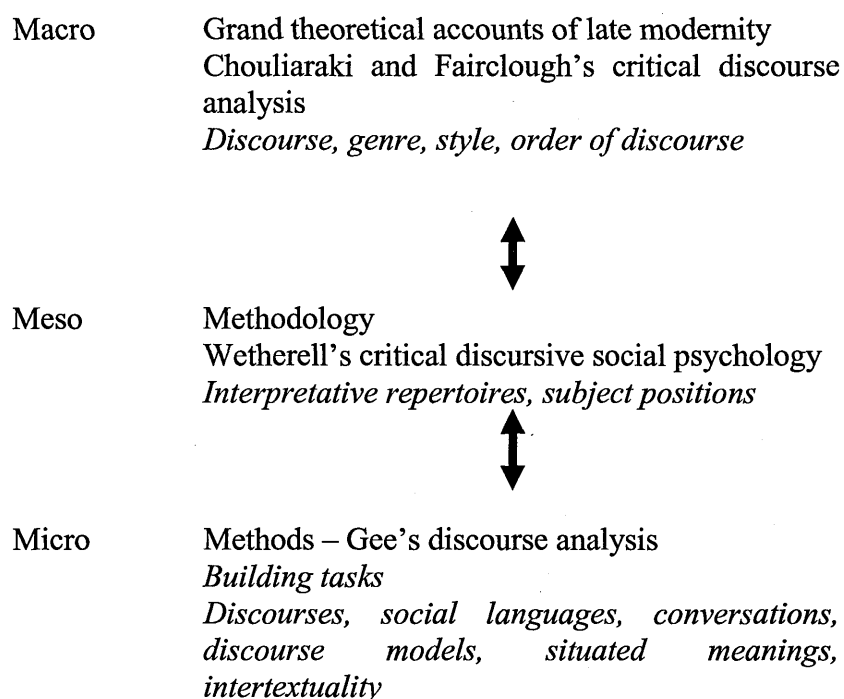
In Chapter 4, I describe and analyse this external public dialogue and the interpretative repertoires that circulate within it. Interpretative repertoires are the discursive threads which collectively comprise

the common sense which organizes accountability and serves as a backcloth for the realization of locally managed positions in actual interaction.

(Wetherell 1998, p. 401).

The theory of the legitimation device (Maton 2005) provides the additional conceptual resources required to analyse the underlying forces driving the loom weaving this discursive backcloth. The theory permits explication of the historically and socially situated relations of power and control, conceptualised as structuring principles, underlying the ways in which academic nursing is represented. In Chapters 5 and 6, I turn to the ways in which Irish nursing academics and leaders ‘locally manage’ their subject positions in ‘actual interactions’ as they engage in academic identity and legitimation work.

Figure 3.1: Methodological framework: An eclectic approach to critical discourse analysis

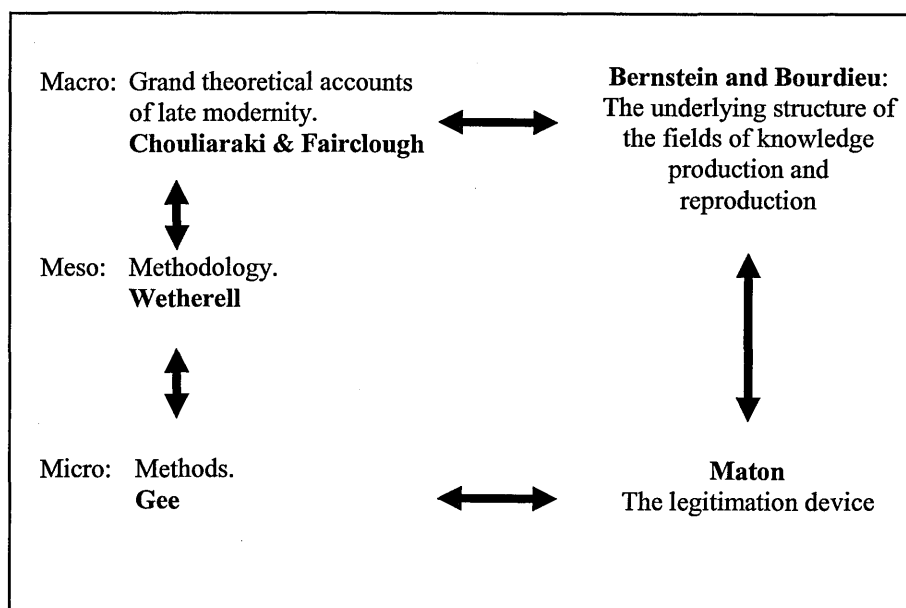


Italicised terms refer to the analytic concepts that each approach provides for this study

In this chapter, I outline the specific approach to critical discourse analysis adopted for the study. My approach draws on the work of Chouliaraki and Fairclough, Wetherell and Gee. All analysts provide coherent accounts of underpinning theory,

methodology and methods; however, for my purposes, some offer more helpful accounts than others at a particular level. Chouliaraki and Fairclough articulate a macro-level grand theoretical framework that helps to locate and contextualise critical discourse analysis as a research approach within critical social science. Wetherell provides a cogent account of a meso-level methodology with particular reference to identity construction. Finally, Gee (2005) provides finely-honed ‘tools of inquiry’ (p. 20), which help to gain an analytic purchase on textual data as well as a series of specific questions with which to analyse the specific building tasks performed by texts (figure 3.1). The theory of the legitimization device enters the picture as ‘a mediating link between the theories of late modernity...and the critical analysis of particular types of discourse’ (Chouliaraki & Fairclough 1999, p. 98) (figure 3.2).

Figure 3.2: Methodological and theoretical frameworks in dialogue: An eclectic approach to critical discourse analysis and key points of intersection with theoretical framework.



Chouliaraki and Fairclough (1999) situate critical discourse analysis within the general approach of critical social theory and, more specifically, in relation to the social and cultural reproduction theories of Bourdieu and Bernstein. Their work facilitates the application of the theoretical framework to the

empirical data by establishing a dialogue between key theoretical concepts from the work of Bourdieu and Bernstein, and key analytic concepts from critical discourse analysis.

Wetherell's (1998) methodology of critical discursive social psychology (CDSP) has proved fruitful for studies of how identities are 'brought off' or produced in interaction (e.g., Edley & Wetherell 1997, Reynolds & Wetherell 2003). CDSP entails a claim, central to all constructivist research, that identity

is constituted and reconstituted through discourse and is thus flexible, contextual, relational, situated and inflected by power relations.

(Seymour-Smith *et al.* 2002, p. 255).

Gee (2005) offers specific practical methods for discourse analysis. His building tasks and tools of enquiry complement the key analytic concepts of Chouliaraki and Fairclough, and those of Wetherell, but offer, in my opinion, and for this study, a somewhat more forensic edge.

The theory of the legitimization device (Maton 2005) brings additional delicacy and sophistication to the analysis. The various settings of the four legitimization principles of autonomy, density, specialisation and temporality facilitate a more sensitive and specific interrogation of the data gathered and generated for the study by permitting an analysis of the bases of nursing academics' claims to legitimacy. This unites the overall conceptual framework and the eclectic discourse analytic approach adopted (figure 3.2).

I now discuss the specific contribution of each approach to my research design. I then outline the specifically discursive conceptualisation of identity informing the study. Next, I describe the research process and discuss the methods used to generate, process and analyse the data, together with the ethical considerations they entailed. Finally, I address the issue of

rigour and consider the criteria used to assess the merit of qualitative inquiries.

Critical discourse analysis: Chouliaraki and Fairclough

Chouliaraki and Fairclough (1999) combine a focus on the detail of interactions (textually-oriented analyses) with a depth analysis of the generative structuring principles of which the resultant texts are realisations and an analysis of their effects in constructing particular versions of the social world (Chouliaraki & Fairclough 1999, Fairclough 2003). Applied to this study, a complete critical discourse analysis would entail:

1. An analysis of the discursive constructions of academic nursing and nursing academics (the discourses of opposition and legitimation) in terms of
 - a) how they are realised textually, and
 - b) their effects on educational policy, practice and identities;
2. An analysis of the underlying principles that structure and can be recovered from these constructions;
3. A critique of the discourse of academic nursing in terms of whether it provides or fails to provide the social languages (Gee 2005) or linguistic capital necessary to meet the needs of nursing students, practitioners, educators and researchers.

The constructivist-structuralist perspective informing this approach is apparent in the dialectical relationship proposed between (inter)action and structural resources or “discursive ‘permanences’” (Chouliaraki & Fairclough 1999, p 47). Social interactions are regarded as reflexive, interpretative acts through which agents, by drawing on the discursive resources available to them, attempt to validate their practices, gain favourable rates of exchange for their forms of capital, and construct habituses which are recognised as legitimate by dominant agents in their fields. Crucially, however, the structure of the field, and

agents' positions within it, determine whether, to what extent and for whom interactions are creative, constructive acts. Field position depends on the congruence between field structure and agents' habituses.

Key analytic concepts

Discourse

For Fairclough (2003), discourses are relatively stable and enduring ways of representing aspects of the material, mental and social worlds. They entail claims to knowledge and the right to exercise control. Different discourses are different ways of representing, and hence trying to control, practices and structures in the material world; thoughts, feelings and beliefs in the psychological world; and interpersonal relations in the social world. Discourses not only represent these aspects of the world as they currently are, but also project desired states of affairs connected to particular visions of the future. Agents' discursive practices differ according to their positions in fields, which are determined by the volume and species of their capital, and their habituses. Discourses can be thought of as being in a dialectical relationship with genres, ways of (inter)acting, and with styles, ways of being. Genres are the enactment of discourses by agents; styles, their inculcation in agents in ongoing processes of identification (Benwell & Stokoe 2006).

Genre

Genres are the relatively stable and enduring discursive aspects of relating to and acting on others. Genres constitute particular forms of relations between agents, such as solidarity or conflict, and thus encode power relations. Insofar as these power relations are realised linguistically, genre refers to the type of language used in the enactment of a particular social practice. For any given social practice, different genres may be mixed together. Genres may therefore be regarded as methods for articulating, hybridising or recontextualising different discourses in particular ways.

The concept of genre allows us to view texts as the tangible, empirical instantiations of social relationships (Bernstein 1990). Chouliaraki and Fairclough (1999, p.118) suggest that genre 'maps onto Bernstein's coding modality and can be specified in terms of classification and framing'. Thus genre can be thought of as a device for constructing boundaries between habituses, disciplines or discourses, such as medicine and nursing (classification), and for controlling what constitutes legitimate identities, messages, voices and practices within these disciplinary or discursive categories (framing).

Style

Discourses are inculcated in agents through their styles. Styles are ways of being in their specifically linguistic aspects: relatively stable and durable ways of signalling one's habitus, especially one's linguistic habitus, by how one speaks and writes. Style also specifies one's relationship to broader moral and value systems (Chouliaraki & Fairclough 1999, Fairclough 2003).

Styles are realised in phonological features, such as intonation and stress, and through vocabulary. Fairclough (2003, p. 162) singles out adverbials, such as 'dreadfully' and 'absolutely', and swear-words as areas of vocabulary which vary with the intensity of the views expressed. Linguistically, these are 'markers of modalization' (Fairclough 2003, p. 170) that index displays of strong commitment to 'what is true and what is necessary...and what is desirable or undesirable, good or bad' (Fairclough 2003, p. 164). Commitments to obligation, necessity or duty – 'deontic modality' (Fairclough 2003, p. 168) – are also indexed through archetypical modal verbs such as 'would' and 'should'.

According to Fairclough (2003, p. 166), 'modality choices in texts can be seen as part of the process of texturing self-identity'; they realise certain stances, attitudes, judgements and beliefs, and the strength with which speakers display them.

Grammatical mood is also significant for identification; Fairclough (2003) suggests that experts, for example, who use mainly declarative clauses to make statements identify themselves differently from those who use mainly interrogative clauses to ask questions. Gee (2005, p. 124) shows how intonation can be used to play up the saliency or importance of a word or phrase. Rapid pace and fluency are indexed by the relative paucity of markers of hesitancy and uncertainty, such as silences and vocalisations ('em', 'eh' etc.), which signal speakers' displayed commitment to their expressed views and values.

Style is also signalled by 'person' and pronouns. Subjectively marked mental process clauses (e.g., 'I think', 'I guess', 'I suppose') explicitly mark the level of commitment of the speaker. First-person statements can also be plural – 'we-statements' – and, as Fairclough notes, the power to make statements on behalf of others ('they', 'you' or exclusive 'we') or 'all of us' (inclusive 'we') is one 'which has an uneven social distribution, and is important for identification' (Fairclough 2003, p. 171).

Order of discourse

Orders of discourse refer to fields of practice seen specifically in terms of their discursive practices. They are the relatively durable, socially-structured articulations of discourses, genres and styles associated with particular areas of social life (Fairclough 2003). The concept provides a way of thinking about what constitutes legitimated linguistic capital, and who decides, and permits an analysis of the discursive aspects of dominant and dominated field positions (Chouliaraki & Fairclough 1999). The discourses, genres and styles comprising an order of discourse constitute resources that can be drawn upon by agents in a field. Whether and to what extent they can do so, however, depends on the structure of the field and agents' positions in it. Order of discourse is a meso-level concept that

connects the macro-level of structure with the micro-level of individual discursive practices.

While relatively durable, orders of discourse are open to change and can become the focus of struggles between and within fields. The relative autonomy or strength of boundaries of a field, such as academic nursing, or higher education as a whole, will determine how permeable it is to orders of discourse from other fields, such as medicine or social science, or the economy. One way of detecting change in fields is to track the emergence in their associated texts of discourses, genres and styles associated with other fields. This indicates shifting boundaries between fields.

Within fields, hybridity and novel combinations of discourses, genres and styles in agents' talk and texts may signal changes in what constitutes legitimate practices, capital and habituses. Fairclough (2003) refers to analysis of a text's hybridity as interdiscursive analysis: investigation of the particular mix of discourses, genres and styles upon which a text draws, and how these are textured, articulated, worked or woven together as the text unfolds in time (speech) or in space (writing) (Chouliaraki & Fairclough 1999, Fairclough 2003).

Wetherell's critical discursive social psychology

CDSP sets agents' local interactions 'in a genealogical context' (Wetherell 1998, p. 405). It focuses on the wider discursive resources or "discursive 'permanences'" (Chouliaraki & Fairclough 1999, p 47) that are invoked in local identity and legitimation work:

critical discursive social psychology is that discipline...which looks at the formation and negotiation of...identities...It is concerned with members' methods and the logic of accountability while describing also the collective and social patterning of background normative assumptions.

(Wetherell 1998, p. 405).

For Wetherell (1998), member's meaning-making methods must be contextualised, historically and culturally, in order to uncover the occult relations of power and control embedded in them. Associated with the work of Foucault, genealogy traces the historical emergence of normative social practices, values and interpretative frameworks, and shows how they persist in contemporary social life (Benwell & Stokoe 2006). Analytic concepts such as interpretative repertoires and subject positions (Edley 2001, Edley & Wetherell 1997) are deployed to investigate the ways in which individuals are positioned by, and effected through, historically and culturally-specific discursive regimes.

CDSP aims to reach beyond and drill below the text under analysis in order to connect it with the wider macrostructures and cultural-historical contexts of which it is an instantiation. Wetherell's focus is on the myriad and flexible ways in which participants invoke wider discursive resources as they account for themselves and seek to establish their legitimacy. Accountability, identity and legitimation work drive the uptake of particular discourses, their enactment as specific genres, and their inculcation as distinctive styles. This emphasis on agents' action orientation protects against the structuralist tendency to deny agency that reduces individuals to mere 'discursive marionettes' (Hardin 2001, p. 11). I now discuss the key analytic concepts taken from CDSP for this study.

Key analytic concepts

The analytic tools in question are interpretative repertoires and subject positions (Wetherell & Potter 1988, Edley & Wetherell 1997, Edley 2001).

Interpretative repertoires

Interpretative repertoires comprise the shared, culturally available linguistic and grammatical resources drawn upon to characterise and evaluate objects and events (Edley 2001); they are the

broadly discernible clusters of terms, descriptions and figures of speech often assembled around metaphors or vivid images.

(Wetherell & Potter 1992, p. 90).

Interpretative repertoires are tacit, taken-for-granted, sense-making frameworks, and are analogous to “discursive ‘permanences’” (Chouliaraki & Fairclough 1999, p 47). They are the shared explanatory theories or ‘storylines’, usually totally or partially unconscious, and are often connected to specific words, concepts, metaphors or other tropes that evoke specific connotations in a given context. They exist not just in people’s heads but are distributed across agents, texts and social practices. They instantiate ideology because underlying and embedded in them are structuring principles governing what capital, practices and habituses count as appropriate, typical, right or normal.

Subject positions

Each interpretative repertoire may yield a corresponding subject position. In the same way as orders of discourse, this analytic concept connects the extramental plane of structure to the intramental level of self and agency. Identity is regarded as being co-constructed intermentally in and through dialogue as discourses are enacted as genres and inculcated as particular styles (Wertsch 2001, Fairclough 2003).

Gee's building tasks and tools of inquiry

Building tasks

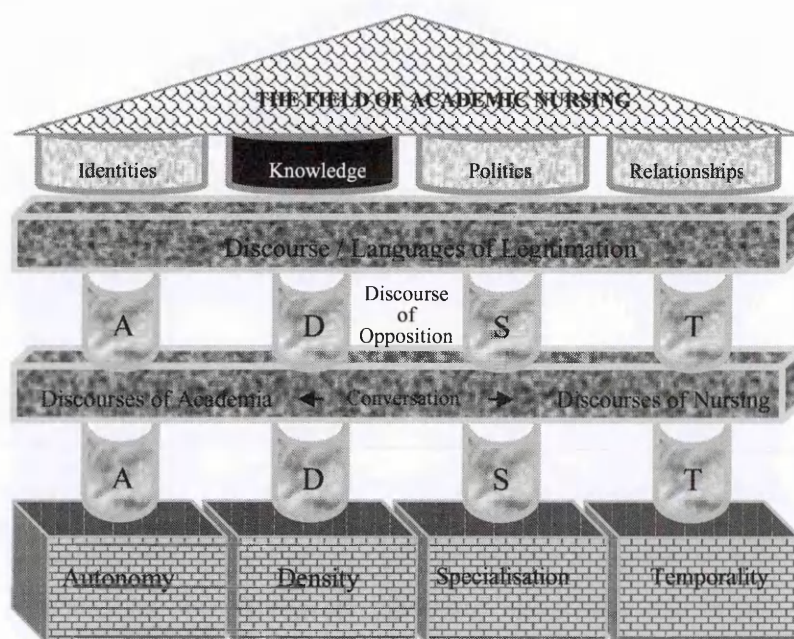
According to Wetherell and Potter (1992, p. 90), interpretative repertoires can be spoken of 'in more structuralist language' as

the building blocks used for manufacturing versions of actions, self and social structures in talk. They are some of the resources for making evaluations, constructing factual versions and performing particular actions.

(Wetherell & Potter 1992, p. 90).

These 'building blocks' are assembled in different ways by agents as they use language to perform a series of 'building tasks'. For Gee, building tasks are simultaneously 'cognitive achievements, interactional achievements, and intertextual achievements' (Gee 2005, p. 104). According to Gee's framework, language is thought of as constructing areas of 'reality', the most relevant of which for this study are identities, sign systems and knowledge, politics (the distribution of social goods) and relationships. Each of these suggests questions that can be asked of any stretch of language-in-use.

Building significance for sign systems and knowledge

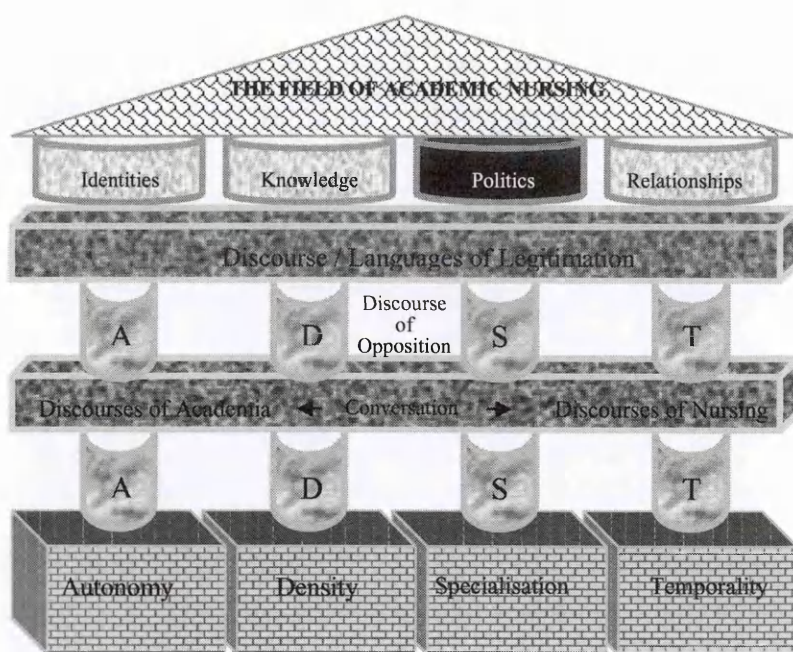


Within particular fields, language is used to privilege or denigrate certain knowledge structures; that is, to confer status and prestige on one set of knowledge claims over another. For example, the articulation of a professional and academic nursing discourse, which is recognisably separate from other professional and academic discourses, such as medicine, and from everyday or lay language, is clearly at stake in the work of nurse scholars who attempt to represent nursing knowledge as a privileged and distinct knowledge form. The key discourse analytic question is:

how does this piece of language privilege or disprivilege...different ways of knowing and believing or claims to knowledge and belief?

(Gee 2005, p. 13).

Building politics (the distribution of social goods)

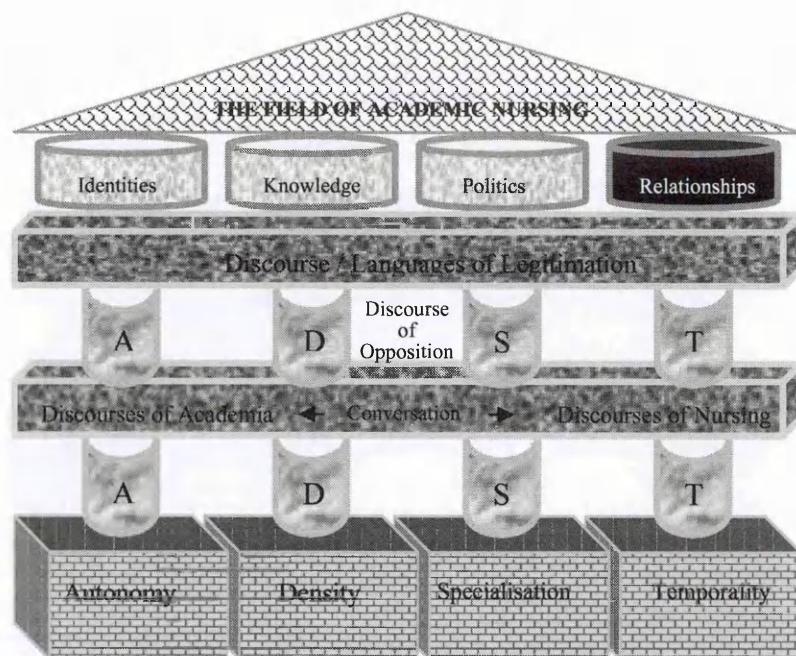


We use language to construct and communicate a view on the nature of the distribution of social, economic, cultural, symbolic and linguistic capital. Relevant social goods include wealth, power, status, prestige, autonomy, reputation, renown, the possession of privileged and privileging 'sacred' knowledge, the espousal of certain values, engagement in meaningful, respected and satisfying work, and aspects of gender, race or class. The key discourse analytic question is:

What perspective on social goods is this piece of language communicating (i.e., what is being communicated as to what is taken to be "normal," "right," "good," "correct," "proper," "appropriate," "valuable," "the ways things are," "the way things ought to be," "high status or low status," "like me or not like me," and so forth)?

(Gee 2005, p. 12).

Building relationships

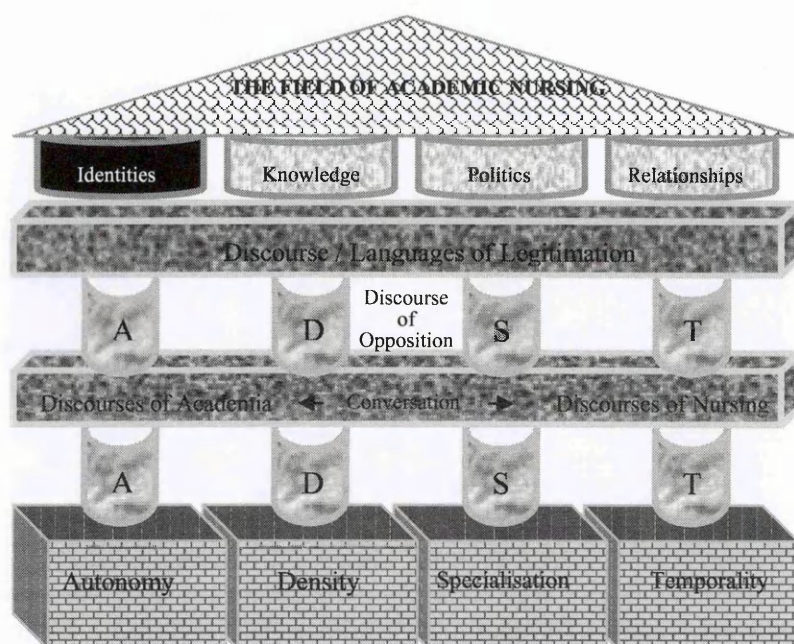


Language is used to build social relationships and to indicate the nature of our existing or envisioned relationships with the individuals, practices, discourses, disciplines or institutions with or about whom we are communicating. The key discourse analytic question is:

what sort of relationship or relationships is this piece of language seeking to enact with others (present or not)?

(Gee 2005, p. 12).

Building identities



Language use is key to being recognised as being a certain type of person with a distinct identity, habitus or style, engaging in particular practices, or possessing certain amounts and types of capital. Identities, and their associated knowledges, beliefs, commitments, obligations, assumptions, feelings and values, are at stake in any given interaction as people perform their identities and recognise others' as consequential (Fairclough 2003, Gee 2005). The key discourse analytic questions are:

what identity or identities is this piece of language being used to enact (i.e., to get others to recognize as operative)?
(Gee 2005, p. 12)

and

what identity or identities is this piece of language assigning to others and to what end?

Tools of inquiry

Gee (2005) proposes six ‘tools of inquiry’ to help analyse the building tasks being performed by texts: discourses, social languages, conversations, discourse models, situated meanings and intertextuality.

Discourses

For Gee (2005, p. 20), discourses refer to non-language ‘stuff’, such as bodies, clothes, gestures, tools, technologies and symbols, and the characteristic ways in which they co-ordinate with language as it is recruited on site, here and now, to enact recognisable identities. Differential access to both linguistic and non-linguistic capital, as embedded in social institutions, such as higher education, means that people have differential access to different identities (habitus or subject positions).

The key to discourses is recognition. Being an academic, for example, is a discourse in the sense that pulling off being an academic involves putting ‘language, action, interaction, values, beliefs, symbols, objects, tools, and places together in such a way that others *recognize* you’ (Gee 2005, p. 27, original emphasis) as an academic engaged in academic activity. To succeed, the performance must be recognisable to others who inhabit the discourse of academia, if it is not, then cultural competence and legitimacy have not been established and the performer is not “in” the discourse of ‘being an academic’. To be or not to be recognised as inhabiting a particular discourse is highly consequential for one’s identity. In Bernstein’s terms, if the code modality structuring agents’ discourse is at odds with

that structuring the discourse of the field in which they wish to participate, they will encounter problems in recognising and realising the practices necessary to succeed within a field and, consequently, in gaining recognition as legitimate members.

Discourses are not set in stone; they are fluid, dynamic and contestable, with shifting boundaries. They can split, merge, wither and hybridise. For nursing academics, then, the challenge is to be recognised as academics to those in the discourse of academia and as nurses to those in the discourse of nursing. If they succeed in gaining recognition in both discourses, nursing academics will have transformed each of them to some extent, and will have created a coherent and recognised hybrid discourse of being a nursing academic, pushing the boundaries of extant discourses, and broadening the interpretation of what counts as being a nurse and an academic. This notion of discourse provides one way of approaching empirical data; to exploit its full potential as a tool of inquiry would require the supplementation of linguistic data with observational or ethnographic data. Nevertheless, it offers a useful way in to the analysis of texts.

Social languages

Social languages are Gee's way of conceptualising agents' linguistic capital. Social languages refer to the language-only aspect of discourses and are analogous to Fairclough's (2003) concepts of genre and style. Different varieties of language (e.g. academic, technical, vernacular, formal, informal) configure linguistic resources in specific ways to perform the building tasks. For example, particular patterns of language use signal or index characteristic identities, 'whos-doing-whats-within-discourses' (Gee 2005, p. 41). Specific social languages are used to enact specific identities; they are, therefore, an inextricable part of the identity of individuals. This tool of inquiry permits interdiscursive analysis of texts in terms of the different social

languages, genres or styles present within them, how they are articulated and to what effect (Fairclough 2003).

Conversations

Debates between discourses constitute a conversation. Gee uses this concept to refer to long-running debates and controversies that swirl around us and circulate in various texts. Conversations are those pervasive grand discussions or arguments in which people take recognisable sides. They are signalled by key motifs or themes that immediately index the issues at stake (e.g., pro-life, pro-choice). Although the antecedents of current conversations may not be evident, they have their roots in historical disputes between and among different discourses, and can be thought of as the contemporary realisation in language of struggles for ascendancy between different code modalities.

The debates and controversies swirling around the entry of nursing into the academy (McNamara 2005, 2006; Fealy & McNamara 2007a) constitute a long-running conversation in which individuals' stances are readily signalled by pithy phrases such as 'too clever to care' (Templeton 2004, p. 13), 'too posh to wash' (Hall 2004), 'nursing science' (as in the journal *Nursing Science Quarterly*) or 'nursing-discipline specific knowledge' (Fawcett 2003, p. 229). Gee's approach encourages us to enquire into the discourses that fuel this conversation while Maton's work focuses our attention on the underlying structuring principles of which these discourses are realisations (figure 1.1).

This particular conversation can be analysed as arising from discourses that construct nursing as either a moral, vocational service (Bradshaw 2001a, b; Nelson & Gordon 2006), concerned with implementing 'the explicit or implicit will of physicians' (Betts 2006b, p. 244), or as an independent, autonomous discipline focused on being truly present 'with persons as they change their health patterns' (Parse 2006, p. 5).

Competing discourses of academia also fuel this conversation: a sacred, U-code, English ideal (Maton 2005) and a profane, non-U code representation that constructs the university as a 'consumer oriented corporate institution far more concerned with accounting than accountability' (Betts 2006b, p. 243). This brief example demonstrates how the social languages of 'traditionalists' and 'academicisers' may be analysed in terms of the different discourses of nursing and academia that they invoke. The theory of the legitimation device enables these discourses to be analysed as realisations of specific settings of underlying structuring principles.

Discourse models

Gee's discourse models are analogous to interpretative repertoires and mediate between the local interactional level and discourses.

Situated meanings

Any word or phrase may have a variety of meanings, its meaning potential or range, depending on context. The situated meanings of words are linked to the different interpretative repertoires used by specific social groups inhabiting particular discourses. These groups "are often in competition with each other over things like power, status, and the 'right' to know" (Gee 2005, p. 62). Gee (2005) recommends that discourse analysis should start by examining the situated meanings of key words and phrases in the data and should then consider the discourses and interpretative repertoires that they appear to implicate.

In any given context, the situated meaning that is understood to be operative is a matter of negotiation – but there are limits. If an intended situated meaning deviates too far from established and accepted usage in a given discourse, mechanisms of power and control, or classification and framing, will work to veto that meaning and to discipline its authors. Such a process is evident in the derision which has greeted nursing's claims to academic

legitimacy in certain quarters (Meerabeau 2001, 2004; McNamara 2005, 2006; Fealy & McNamara 2007a).

Intertextuality

This refers to how texts recontextualise and dialogue with other texts:

intertextuality of a text is the presence within it of elements of other texts (and therefore potentially other voices than the author's own) which may be related to (dialogued with, assumed, rejected, etc.) in various ways. (Fairclough 2003, p. 218).

Reported speech is the most pervasive form of intertextuality and can be relayed directly or indirectly, and may or may not be attributed. We can analyse a text in terms of the ways in which it quotes, alludes to, or otherwise borrows words from other written or oral sources, and to what effect.

Summary: discourse and identity

Common to these three approaches to discourse analysis is a view of identity as constructed in interaction and shaped by the wider structural context in which the interaction occurs. Identity is a dynamic performance, effected by and affecting social structures, which can be analysed in talk and texts (Benwell & Stokoe 2006).

The ambiguity of the term 'subject', conveying both passivity and agency, captures the way in which a constructivist-structuralist approach attempts to reconcile essentialist-constructivist and structure-agency dichotomies. The passive sense of subject is associated with a structural focus on subjection and positioning by discourse; the active, with a constructivist focus on the construction of identities in discourse.

The term 'subject' is associated with a structuralist emphasis on passivity and subjection to institutionalised power structures,

and with an analytic focus on the representation of particular groups, and how discourses set up certain subject positions for people. Structuralist accounts of identity focus on the historical, cultural, social and political conditions of identity construction. For constructivists, on the other hand, the emphasis is on agency and creativity and the terms identity and self are preferred. Identity is a discursive process and analysis is concerned with processes of identification whereby agents actively draw upon discourses as they perform their identities.

Constructivist-structuralist approaches combine micro-level analysis and macro-level theorising, and analyse identity as a performance staged against a discursive backcloth. This backcloth comprises cultural resources of meaning-making, conceptualised as interpretative repertoires, genres and styles (Chouliaraki & Fairclough 1999, Benwell & Stokoe 2006). Critical approaches stress that agency, the capacity to be active and creative, varies according to one's social positioning. Structures may constrain and represent individuals in certain ways. However, if they possess sufficient power, agents can transform structures and represent themselves in ways that accomplish social action and further their own interests.

Both constructivist and structuralist accounts reject essentialist, private or inner accounts of identity as a prior, pre-discursive, stable entity that is reflected in discourse and governs human action. Rather, constructivist-structuralist accounts of identity are public and outer. Identity is a performance or display, designed for particular recipients, shaped by the exigencies of the setting, and constructed from available resources to achieve certain goals. There is no such thing as a prior, absolute, 'real' self lurking behind and reflected in discourse (Benwell & Stokoe 2006).

The analytic focus is on the way in which certain identity-relevant categories and person descriptions are ascribed or resisted as individuals account for themselves. According to

this view, the very notion of identity as a coherent, whole and fixed entity is itself a construction that is invoked to accomplish particular ends. This constructed certitude and closure may be crucial to individuals' sense of ontological security in times of change and uncertainty, serving to suppress ambiguity, minimise anxiety, heighten visibility and lend one a distinctive, audible voice (Benwell & Stokoe 2006).

Temporality is an important resource for identity coherence, being invoked either to establish sharp temporal demarcations between past and present, to appeal to notions of tradition, unity and connectedness over time, or to construct narratives of becoming. Such strategies are central to the identity politics of many marginal and oppressed groups and are evident in the disciplinary politics in which many nursing scholars engage, and perhaps with good reason. As has been discussed, disciplinary distinctiveness remains an important source of academics' sense of identity and is a strongly-sanctioned normative requirement for being a legitimate academic (Henkel 2005a, b).

Critical discourse analysts are interested in how language works ideologically to construct, represent and position subjects in particular ways. So, while realised at the micro-discursive level of interaction and instantiated in texts, identity is at the same time treated as an expression of macro concerns such as the relations of power and control embedded in social structures.

At the same time, Chouliaraki and Fairclough, Wetherell, and Gee are at pains to emphasise that subjects are not just the effects of the ideological work of discourses. Identity performances may be constrained by prior, authoritative voices, but the necessity of their constant repetition guarantees the possibility of change as discourses from other fields are borrowed and intertextually enacted as new genres, and inculcated as new styles of identification (Fairclough 2003, Benwell & Stokoe 2006). Speakers are not mere puppets wholly in thrall to structural forces; rather they *actively* select from

competing discursive resources and engage in rhetoric to construct plausible accounts of themselves, others or events in the world (Billig 2001, Wertsch 2001).

Research process

The aim of this section is to document the pathway taken from the generation of the conversational data, through its handling and processing, to its analysis and interpretation.⁵ The findings of qualitative studies may be classified according to the degree of transformation of data they achieve: the 'interpretive distance' (Sandelowski & Barroso 2003, p. 908) travelled from the texts and transcribed talk to the findings.

Findings are defined as

the data-driven and integrated discoveries,
judgments, and/or pronouncements
researchers offer about the phenomena,
events, or cases under investigation.

(Sandelowski & Barroso 2003, pp. 909-910).

In this study, the specific case under investigation is the field of academic nursing in Ireland. Empirical data for the study comprised texts and talk about the field in Ireland and elsewhere.

The texts were transformed by conceptualising them as instances of two principal discourses: the discourses of opposition and legitimation (Chapter 4). These discourses were analysed using concepts from the work of Bourdieu, Bernstein and Maton (Chapter 2) and theoretically recast as realisations of settings of legitimation principles encoding particular legitimation code modalities (Chapter 4).

Conversational data were transformed by conceptualising them as languages of legitimation, which were then analysed, first, in terms of four of Gee's building tasks of language (Chapter 5) and, second, as the manifestation in talk of particular

⁵ The selection of texts for the purposes of identifying discourses and interpretative repertoires is discussed in the next chapter.

legitimation code modalities, given by the settings of Maton's four underlying structuring principles (Chapter 6).

The study assesses the ability of a new theory from the sociology of higher education to provide a useful conceptual description and interpretive explanation of the field of academic nursing in Ireland. Interpretive explanations represent the greatest degree of data transformation in qualitative work and offer

fully integrated explanations of the object of analysis and narrative-informed... elucidation of conceptual...linkages that re-present the target phenomenon in a new way.

(Sandelowski & Barroso 2003, p. 914).

The outcome of the study is a coherent model of the structure of academic nursing in Ireland and a language for thinking through the implications of that structure for policy and practice, and for the current status and future trajectory of the field within contemporary Irish higher education (Chapter 6).

Data generation

Sampling

The sample was purposive and theoretical. I attempted to negotiate access to the entire population of 'disciplinary custodians', defined as those persons holding the most senior positions in Irish university nursing schools and national nursing organisations.⁶ This population was targeted because of individuals' key professional and academic leadership roles in Irish nursing currently, and throughout the period leading up to the entry of Irish nursing into the higher education sector. As such, they were, and remain, key social and cognitive 'legitimizers'.

⁶ For university nursing academics, registered nurses prepared to doctoral level and holding positions at senior lecturer level and above, including heads of university nursing schools.

Twenty-two individuals were asked to participate in the study by letter (Appendix 1). Despite follow-up, I received no response from one individual and, of the 21 responses received, all but one agreed to take part.⁷ Of the twenty people who signed and returned consent forms (Appendix 2), I eventually engaged sixteen respondents in conversation, as, despite several attempts to schedule an appointment by letter, telephone and e-mail, it proved impossible to arrange a mutually convenient time to meet the remaining four within the period set aside for data generation.

Ethical considerations

Ethical considerations require constant attention to issues of informed consent; avoidance of harm to, and exploitation of, participants; and maintenance of their privacy, confidentiality and anonymity (Hammersley & Atkinson 1995). Gaining access to participants involved careful negotiation and, in some cases, re-negotiation. The nature and purpose of the study were clearly outlined to all potential participants in writing (Appendix 1). Where requested, further information was provided. All respondents returned signed consent forms (Appendix 2). Due to my respondents' high profiles, small numbers and key positions, and the ethical imperative of maintaining confidentiality and preserving their anonymity, undue characterisation of them shall be avoided. In keeping with my undertaking to all potential participants, I shall not reveal the title, position, qualifications, employing institution or organisation, geographical location, gender or disciplinary background of any study participant in any publicly-available record of this study. It would add nothing to the study to identify individuals in this way. In Chapters 5 and 6, I have deliberately altered individuals' disciplinary backgrounds. To identify a professor, for example, as having received her initial disciplinary training in, say,

⁷ Consequently, one of the six Irish university nursing schools was not represented in this study as the head of school, as well as declining the invitation to take part personally, refused to grant permission for me to approach other academic staff in the school.

biochemistry would be to render her immediately identifiable in the Irish context.

Conducting the conversations

Discourse analysts believe that, far from being neutral and uninvolved, researchers should assume an active and interventionist stance in interviews, challenging and confronting interviewees by offering counter-examples and questioning assumptions (Wetherell & Potter 1992, Benwell & Stokoe 2006).⁸ By adopting the less formal role of 'animated conversationalist', researchers may be able to access the sorts of arguing and thinking in which participants engage outside the interview setting. This breaks down that somewhat laboured distinction between 'natural' and 'contrived' data, much discussed in the methodological literature of discourse analysis (e.g., Speer 2002a, b; ten Have 2002; Potter 2002).

During the literature review, a number of interpretative repertoires from the discourse of opposition were identified (see Chapter 4). Excerpts from these repertoires were intertextually woven into the conversations in order to create an argumentative or dialogical context (Chouliaraki & Fairclough 1999, Wertsch 2001, Wetherell 2001) (Appendix 3). This made it possible to investigate whether and how respondents negotiated academic nursing's 'double-edged dilemma of disciplinary development' (Rafferty 1996, p. 187) in their languages of legitimation.

Rafferty's dilemma places proponents of higher nursing education in the position of having to construct 'epistemologies of esteem' (Rafferty, 1996, p. 187) while defending themselves from three oppositional repertoires: bringing profane contents into the academy; destroying all that was once held sacred in nursing with vain (in both senses) and irrelevant theorising; and casting academic nursing ever further adrift from clinical nursing practice, which, although the ultimate source of its

⁸ In this sense the data is not so much 'collected' as 'constructed' or 'generated'.

legitimacy (Clarke 2006, Thompson & R. Watson 2006), remains undervalued, undertheorised and pervaded by anti-intellectualism (Orr 1997, Thompson & R. Watson 2001, Miers 2002).

Respondents invoked a range of discursive resources (interpretative repertoires, social languages, genres, styles and so on) as they performed, through their languages of legitimation, the various tasks entailed in building these epistemologies of esteem and their academic identities. The theory of the legitimation device directed attention to the underlying principles structuring these languages of legitimation.

Data handling and processing

The sixteen conversations were conducted over a period of ten weeks in the second quarter of 2006, recorded using a digital audio recorder and transcribed. The average length of the interviews was 83 minutes, the shortest being just under an hour and the longest just over two hours. Initially, the interviews were transcribed orthographically in order to capture the *content* of what was said in ‘conventional secretarial transcription[s]’ (ten Have 1999, p. 76). This amounted to a corpus of data of over 250,000 words (a mean of approximately 16,000 words per interview).

Level of transcription

Taylor (2001) notes that transcription is not a neutral activity: it reveals the analyst’s theoretical stance towards language. The transcript itself is a construction: a theoretical accomplishment and an integral part of the analysis (Gee 2005). Wetherell (2003, p. 28) agrees that ‘transcription is a theory of the data [and]...constructs what the data is’.⁹ Discourse analysts regard talk as action and require transcription systems that display and facilitate this analytical stance. Orthographic transcripts are

⁹ This is a further sense in which the data can be said to be constructed or generated.

considered unsatisfactory because they filter out much of the noise and clean up the messiness of talk-in-interaction. Albeit to varying degrees, therefore, discourse analysts require transcripts that provide at least some visual indication of *how* things were said (ten Have 1999).

While listening repeatedly to each audio recording, I inserted as much detail as practical and feasible concerning *how* the content was spoken (ten Have 1999). The aim was to obtain as fine-grained a transcription as time and my ability to ‘notice’ potentially significant *procedural* aspects of the interaction would allow. This allowed visualisation of the rhythmical and sequential aspects of each interaction: *how* words were spoken; *how* sounds were uttered; spaces and silences; overlapping speech; pace, stretches, stresses and volume (ten Have 1999); and any other features that I considered potentially significant for analysis and interpretation. Extracts from transcripts, together with an explanation of the simplified transcription notation system used, are reproduced in Appendix 4. The detailed and repeated listening required to produce these transcripts facilitated a very close engagement with the data. This immersion aided subsequent analysis by allowing interesting and potentially analytically significant interactional phenomena to “‘present themselves’ to” my ‘ears, eyes and mind’ (ten Have 1999, p. 77).

NVivo 7

The transcripts were imported into NVivo (version 7), a computer-assisted qualitative data analysis software package. The software provided a user-friendly interface whereby all elements of the project, including linked external sources, such as the digital audio files, were readily accessible from a single screen. This eased the burden of ‘clerical’ work entailed in coding, editing and annotating sources, writing memos, and searching. NVivo allowed a dynamic and fluid iteration between transcripts and audio recordings, emerging patterns and

analytic insights. This greatly facilitated successive rounds of recoding, uncoding and 'coding on' (from one category to an existing or new category), helped to prevent premature anchoring to initial ideas about the data, and kept conceptual categories and their organisation and nomenclature provisional and tentative until the potential of the data to address the research questions was mined as exhaustively as possible (Appendix 5).

Data analysis

Data analysis occurred concurrently with data collection so as to permit iterative cycles whereby the emergent analysis informed ongoing data collection. Preliminary analysis occurred as extracts from each text were tentatively grouped or coded. These groupings were then re-organised in successive rounds in order to condense and transform the data by identifying important patterns, issues, themes or concepts pertinent to the research questions (see Appendix 5 for examples of four such coding cycles).

In terms of content – *what* was said – passages, phrases and words considered to be potentially salient, in light of the research questions, were noted. The situated meanings of words and phrases were examined in order to explicate the genres, social languages, interpretative repertoires and discourses that they indexed. These situated meanings signalled that particular building tasks and legitimation principles were operative; these were noted and coded (see Appendix 6 for key stages in the analysis and the questions and search terms used to interrogate the data).

In terms of process – *how* the content was spoken – linguistic markers of identification, or style, such as modality, mood, intonation, stress, pace, flow, person and pronoun usage were noted. This focused attention on stretches of conversation in which identity and legitimation work were taking place. A discourse analytic sensibility directs attention to potentially

significant stretches of conversation even when the relevance of their content may not be immediately apparent (see Appendix 4 for an example of how attention to the procedural aspects of conversation aided analysis).

Rigour

Given the research questions, my primary focus throughout analysis was on the underlying principles structuring respondents' languages of legitimation (Chapter 6) and on the building tasks that their languages performed (Chapter 5). Wetherell (2003) and Gee (2005) agree that the level of transcription and technical details about the linguistic and grammatical structure of texts and talk is much less important than the discursive resources and patterns identified, and their ability to address the research questions. Therefore, extracts from the conversations are re-presented orthographically in Chapters 5 and 6 in the interests of clarity of presentation and brevity.¹⁰ A discourse analysis should be based only on those details of speech and writing

that are *arguably* deemed relevant in the situation *and* that are relevant to the arguments the analysis is attempting to make.

(Gee 2005, p. 106; original emphases).

My research aims do not require an appeal to linguistic and grammatical details in order to support my interpretation of the texts reviewed (Chapter 4) or of the talk generated for the study (Chapters 5 and 6). Rigour does not depend on how fine-grained the analyst's attention is to the technical details of language. Rather, it resides in the way in which the theoretical and analytic tools interact to produce a conceptual description and interpretive explanation of the phenomenon of interest that is demonstrably anchored in and clearly derived from the empirical data gathered and generated for the study. A

¹⁰ Detailed procedural transcripts of talk are quite difficult to read and require knowledge of specialist transcription notation systems. Discussion of these is beyond both the focus and scope of this study.

'trustworthy' (Gee 2005, p. 106) discourse analysis 'is not merely the linguistic analysis of texts' (Fairclough 2003, p. 3).

Trustworthiness is the primary criterion for evaluating the rigour or robustness of qualitative work (Sandelowski 1993, Tobin & Begley 2004). It comprises four key criteria addressing truth value, applicability, consistency and neutrality. In quantitative work, these factors are assessed using the criteria of internal validity, external validity, reliability and objectivity, respectively. In qualitative studies, the analogous criteria are credibility, transferability, dependability (or auditability) and confirmability. Tobin and Begley (2004) discuss a fifth criterion: authenticity. I now discuss how attention to these five criteria shaped the design, conduct and writing-up of the study.

Credibility

The credibility of this study will be judged by the extent to which it produces a conceptual description and interpretive explanation of contemporary Irish academic nursing that is recognisable, meaningful and applicable to respondents and other agents in the field. For Gee (2005), the credibility of discourse analytic studies is enhanced the more the answers to questions concerning the building tasks of language converge to support the emerging description and explanation (Appendix 6). That is, the more the analysis provides convincing and compatible answers to many or all of the questions asked of the data, the greater is the credibility of the findings. Answers to these questions are also more convincing the more agents in the field agree that the analysis reflects how the discourses and repertoires identified actually work to construct particular representations of the phenomenon of interest, and to position subjects in certain ways.

The concept of 'coverage' (Gee 2005, p. 114) refers to the greater credibility resulting from findings that take account of the greatest amount of data. It is important to be able to demonstrate that the analysis takes account of data from all

respondents in order to counter accusations of ignoring atypical data or cases and of quoting selectively to support preconceived views or half-baked ideas. A large amount of ‘residual’ or ‘excess’ data that cannot be explained by the theory, or be accounted for by the emerging conceptual description and interpretive explanation, suggests an inadequate, etiolated theoretical framework, an impoverished research product, or both.

In this study, all data generated from all respondents could be accounted for in terms of the building tasks and structuring principles discussed in Chapters 5 and 6 (Appendix 7). Data, that in the early stages of analysis appeared to point to inexplicable variability and inconsistencies within and among respondents, could, after detailed consideration, be accounted for by the theoretical framework. For Gee (2005), variability or inconsistency may signal that conflicting discourses or interpretative repertoires are in play, giving rise to questions about the discursive work being undertaken in specific contexts for particular purposes. He regards the ‘principle of charity’, the “assumption of ‘good reason’ and ‘deep sense’” as foundational to discourse analysis (Gee 2005, p. 93). By this, he means that we must ask of any stretch of conversation:

What must I assume this person (consciously or unconsciously) believes in order to make deep sense of what they are saying?

(Gee 2005, p. 87).

Conceptualising respondents’ languages of legitimation as the effects of particular settings of underlying structuring principles, permits the analyst to make precisely the deep sense of their utterances that Gee advocates, but at a hitherto unimaginable level of sophistication and specificity. This is because the theory of the legitimation device possesses strong grammaticality: a powerful external language of description. The legitimation principles gain a strong conceptual purchase on a wide range of

empirical material because they are built on the conceptual foundations of different forms and strengths of classification and framing.¹¹ Each setting of each principle condenses an account of many of a field's characteristics, providing a concise conceptual description of one of its facets (Maton 2005). Together, the four principles enable

a four-dimensional analysis...akin to viewing the same scene through four differently coloured filter lenses which when combined portray the scene in full colour.

(Maton 2005, p. 84).

Sandelowski (1993) highlights the importance of data reduction in qualitative work, pointing out that a good reduction will grasp the essential characteristics of the phenomenon of interest and convey this vividly, without flooding the reader with so much detail that they cannot see the wood for the trees. In reports of qualitative inquiries, therefore, it is important not to misrepresent data as findings and to indulge in 'descriptive excess', under the mistaken impression that 'heaped' description equates to 'thick', conceptual description, and that the data will somehow speak for themselves (Sandelowski & Barroso 2002, p. 216): they can't and they won't; qualitative research mandates the

hard work of locating participants' views and lives in some intellectual, theoretical, or other disciplinary tradition, and the risk of committing oneself to an interpretation.

(Sandelowski & Barroso 2002, p. 216).¹²

¹¹ The legitimization device generates far more possible legitimization principle settings and, hence, code modalities, than are encountered in either this or Maton's (2005) study. Systematic variation of the settings of the principles enables as yet unrealised empirical possibilities to be conceptualised. This contributes to the theory's strong grammaticality (Maton 2005, p. 85).

¹² In addition, both in theses and publications, word limits militate against the presentation of all relevant data extracts that would support a particular theme, pattern or interpretation.

Transferability

Transferability refers to the extent to which the findings apply to similar or other fields beyond the study situation. It must be established on a case-by-case basis.

Dependability (or auditability)

The conceptual description and interpretive explanation constituting the findings must be demonstrably anchored in the data from which they are derived. I have attempted to show that this is the case by clearly documenting the analytic pathway taken from the data to the findings in a series of appendices (Appendices 3 to 7), mindful of the need to avoid presenting analytic procedures as findings in the body of the thesis; a shortcoming referred to as 'analytic excess' by Sandelowski and Barroso (2002, p. 216).

Confirmability

Confirmability is achieved when the criteria of credibility, transferability and dependability have been established. The key requirement is demonstrating that 'the findings are not figments of the inquirer's imagination but are clearly derived from the data' (Tobin & Begley 2004, p. 392).

Authenticity

Ontological authenticity is demonstrated if the study results in a more sophisticated understanding of the object of study. Educative authenticity refers to the ability of a study to help people to appreciate others' perspectives. Catalytic authenticity is established if the study results in action for change. Finally, tactical authenticity is achieved if the research empowers others (Tobin & Begley 2004, p. 392). Clearly, the elements of authenticity to which a particular study can be held to account will depend on its stated purpose.

Conclusion

Gee (2005) stresses that discourse analysts are not interested in analyses of texts just in and for themselves: the analyses must have a point. Discourse analysis must go beyond mere description of the complexity of language-in-use in order to contribute, by improving understanding of, and intervening in,

important issues and problems in some
'applied' area (e.g., education) that interests
and motivates the researcher.

(Gee 2005, p. 8).

In this study, I use the analytic and conceptual tools discussed in this and the previous chapter to explicate the underlying principles structuring the field of academic nursing in Ireland. This investigation raises important issues about the structure of nursing knowledge, the form and content of nursing curricula, the nature and scope of nursing practice, the focus and conduct of nursing research programmes, and the preparation of the next generation of nursing academics. I believe that the methodological and theoretical frameworks informing this study provide a conceptual language for thinking critically, not only about these issues, but also about how academic nursing in Ireland might best consolidate its place in academia and offer a proper higher education for nursing. In the next chapter, I turn to the discourses of opposition and legitimation structuring the field.

Chapter 4

Review of the Literature: A Structured and Structuring Conversation

Oddly enough, the more bizarre the theory, the more adherents it seemed to attract, as if [as] people became more determined to find the emperor's clothes, the more obvious it was that there were none.

Malcolm King (1995, p. 263).

The transition in the 1970s from vocation to profession was a major turning point for nursing because nurses asked the question, "Will nursing be other-discipline based or be nursing based?" The history records the answer, "Nursing practice will be based on nursing science".

Martha Raile Alligood (2006, p. 5).

Introduction

In this chapter, the literature on the entry of nursing education to the academy is analysed as an ongoing conversation between two discourses: a discourse of opposition and a discourse of legitimisation. The discourse of opposition works to deny recognition to nursing as a legitimate presence in the academy; the discourse of legitimisation is a bid for such recognition and seeks privileged status for nursing knowledge. In the course of this conversation, certain interpretative repertoires are invoked. The discourse of opposition comprises the spoken and written texts produced by nurses and others who oppose academic nursing. The discourse of legitimisation is the realisation in the scholarly and professional nursing literature of proponents' social languages of legitimisation (Maton 2000, Gee 2005). Consistent with the study's structuralist-constructivist approach, the conversation between these discourses is regarded as a structured and structuring phenomenon.

The conversation is structured in the sense that it is analysed as an effect of the legitimisation device; that is, its constituent repertoires, each signalling different, and even conflicting, perspectives on what constitutes legitimate habituses, capital and practices in higher education, are conceptualised as the manifestation of particular settings of underlying legitimisation

principles, realised in talk and texts. The conversation is structuring in that it furnishes the discursive resources from which particular versions of the social world are constructed; that is, it provides the raw material for the task of building versions of social reality that have real material effects (Wetherell & Potter 1992, Gee 2005).

The conversation may also be viewed as taking place between competing discourses of academia and nursing, themselves realisations of different legitimisation code modalities. The identification of regular patterns in the language used in the conversation enables connections to be made between struggles for power and control in nursing and academia across time and space. These patterns signal what is at stake in such struggles: control of the legitimisation device in order to maintain or switch the settings of the legitimisation principles so that the code modality structuring the field makes one's own capital, habitus and practices the basis of legitimacy within it (Maton 2005).

In essence, this chapter presents a symptomatic analysis of the field of academic nursing, as represented by its opponents and proponents. More specifically, the analysis is of the discursive practices of the field; in other words, its order of discourse: the relatively stable configurations of discourses, genres and styles that provide 'resources of legitimisation' (Maton 2005, p. 240) for agents as they attempt to optimise their positions in a given field (Chouliaraki & Fairclough 1999). The analysis is symptomatic in that the discourses, genres and styles comprising the order of discourse of academic nursing are viewed as effects of the legitimisation device and, therefore, as the empirical manifestation of particular settings of the underlying structuring legitimisation principles of autonomy, density, specialisation and temporality (Maton 2005).

Selection of texts

The texts reviewed in this chapter were selected by purposive theoretical sampling, based on an assessment of the extent to which they exemplified the tone and content of the conversation about academic nursing. Newspapers and radio broadcasts provided 'a window on public opinion and lay interpretation and projection of nursing' (Fealy 2005, p. 18) as well as nurses' public responses to these. Articles and commentaries in the academic and professional medical press offered insight into the views of medical doctors on developments in nursing practice and education. Editorials, commentaries and papers in nursing journals, together with books and book chapters, provided evidence of nursing academics' views on the entry of nursing education to the academy.

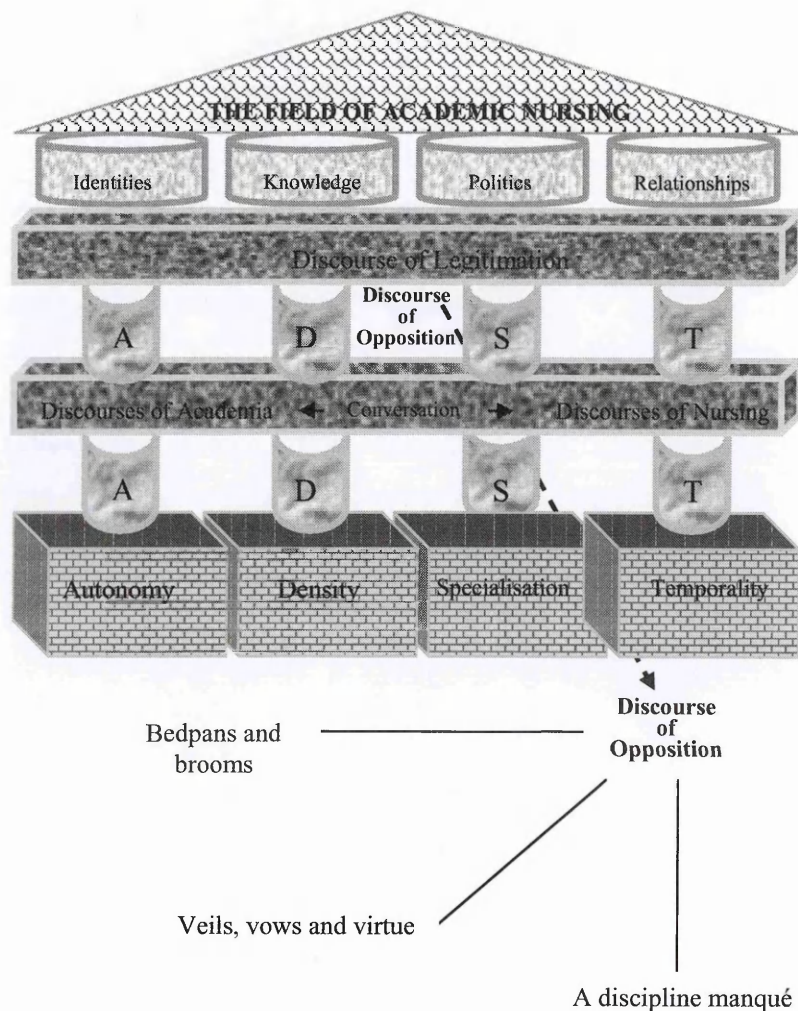
The literature sampled represents a chronological period during which there was a recurring debate concerning nursing education and the appropriateness of providing it in the university. This debate was especially intense when changes were recommended, implemented, evaluated or contested. Given the relative recency of developments, there is, as yet, a paucity of literature on the experience in Ireland, as compared to, for example, the United Kingdom (UK), the United States (US) and Australia. Accordingly, commentary on the Irish situation is located within the wider conversation taking place in these other Anglophone countries, mainly over the last two decades.

I start by outlining the principal interpretative repertoires comprising each discourse, starting with the discourse of opposition. The overall conversation is then analysed in terms of the legitimisation device, of which it is conceptualised as an effect. In each case, the texts selected are representative exemplars of the stances adopted by proponents and opponents of academic nursing as part of the wider historical and international conversation about nursing in the academy.¹³ For

¹³ See also McNamara (2005, 2006) and Fealy and McNamara (2007a).

the purposes of this review, the rigour, logic and factual basis of these discourses is not the issue; rather, by drawing on the theory of the legitimisation device, and by deploying the analytic tools offered by critical discourse analysis, I aim to explicate the underlying principles of which their constituent repertoires are realisations.¹⁴

The discourse of opposition: mutual contamination



¹⁴ An investigation into the empirical basis of the claims and assertions inherent in the various repertoires would be an intriguing topic for further research which would itself necessitate an investigation of the empirical basis of nursing's claims about the actual (as opposed to the aspirational and rhetorical) nature of its work, its role in healthcare systems and its broader social mandate (e.g., Latimer 2000, Allen 2004).

Bedpans and brooms

An enduring repertoire in opponents' discourse constructs nursing as a profane, non-U, essentially menial activity, whose presence in academia disturbs long-established boundaries between the sacred and the profane, and threatens the forms of capital, habituses and practices long held sacred by dominant agents in the field.

Meerabeau (2001, 2004) examines the images and metaphors of pollution and contamination that construct nursing as essentially dirty work (Lawler 1991). She notes that 'much of the knowledge needed for bodily caring is disreputable' (Meerabeau 2005, p. 131). Lawler (1997) argues that the body poses a particular problem for nursing in the academy, because the bodily functions with which much of nursing is concerned are considered 'private and unspeakable' (p. 32) and, along with emotions and feelings, are troublesome topics for scholarly enquiry. Rafferty agrees that nursing

has a problem in perception as an academic subject...Excreta, pain, death, stress and vulnerability are part of nursing's stock-in-trade. These are...totemically taboo subjects which hardly lend themselves to high table conversation.

(Rafferty 1999, p. 3).

Meerabeau (2001, 2004) has noted how bedpans figure prominently in discussions of nursing and higher education in the UK, as exemplified in newspaper headlines such as 'Back to the bedpans for student nurses' (Murray 1999, p. 1). This rhetorical device has also proved irresistible to Irish commentators:

Nurses must now obtain a degree, though I doubt their nursing skills will improve because of it, nor our respect for them increase. Their calling requires patience, care

and technical skill, but these qualities do not increase merely because their owners can now put B.Pans (or whatever it is) after their names.

(Myers 2002, p. 15).

Veils, vows and virtue

Another dominant repertoire in the discourse invokes a 'virtue script' (Nelson & Gordon 2006, p. 11), harking back to an era when nursing was symbolised by 'veil and vow' (Gordon & Nelson 2006, p. 16). The virtue script legitimates nursing by emphasising the strength of nurses' moral character and their devotion to their calling (Rafferty 1996). This enduring and powerful source of legitimacy is now held to be under threat as nursing insists on forcing 'itself into a place where it inherently does not fit' (Fabricius 1996, p. 75); namely, the academy.

Writing from a psychoanalytic perspective, Fabricius (1991, 1996, 1999) believes that nurses' manic idealisation of academia has led to the denigration and rejection of much nursing work, and has condemned nursing education to Cinderella status in higher education. According to Bradshaw (2001b, p. 149), the nurse is now lost, existing in 'a state of contradiction' and 'experiencing anomie and alienation, disorientated and uprooted from the reality of patient care'. This situation has arisen because of a preoccupation with status and the unquestioning assumption 'that a model of nurse education of a liberal arts kind was superior to an apprenticeship model' (Bradshaw 2001b, p. 183).

Bradshaw (1995, p. 89) believes that the moral framework of nursing education has been destroyed and replaced by 'intellectual confusion' as nurses are led up the 'blind alley' of academic nursing. The apprenticeship system protected the nurse from contamination by the dirty work she had to perform because it represented it in terms of moral duty and sacrifice,

and rendered the profane sacred. With the decline of vocational values, nurses looked instead to a professional ideology:

Vocational values and traditional methods and structures were discounted, dismantled and superseded. Nursing was to move from the vocational to the contractual, paralleling the secularization of society and the displacement of concepts such as vocation.

(Bradshaw 2001b, pp. 185-6).

This has caused the nurse to reject activities that might spoil her identity: she has become 'too posh to wash' (Hall 2004) and 'too clever to care' (Templeton 2004, p. 13),

standing there with crossed arms considering certain sorts of care beneath her duties, the basic things of feeding, washing, helping with more embarrassing sorts of things.

(Magnet on BBC Radio 4, 2003).

In Ireland, this repertoire has surfaced in letters to *The Irish Times* by medical doctors. During the national nurses' strike of 1999, Tormey, a consultant pathologist, opined:

it was blindingly obvious that as soon as academic pursuits replaced practical nursing as the initial training for nurses, dissatisfaction with the primacy of the fundamental caring and humane role of nursing would follow. This has happened.

(Tormey 1999, p. 19).

Following controversy about elder abuse at a Dublin nursing home, Healy, a consultant paediatrician, claimed that the advent of graduate-only entry to practice had resulted in Irish nursing withdrawing 'from core nursing, unilaterally rewriting its contract with society' and redefining 'personal nursing care, the

feeding, the toileting, the touching of the bodies of the weak and vulnerable' as "'non-nursing' activities" (Healy 2005, p. 17).

A discipline manqué

This repertoire is evident in commentary that refers to academic nursing as a contrived and spurious entity, invented to secure status and material reward, and lacking a distinctive knowledge base of its own. Redlich (2003) attributes nursing shortages in Dublin hospitals to 'the nursing profession itself' which 'turned nursing into an academic subject...for status for themselves, and as a mechanism for demanding more pay'. Nursing is consistently depicted as having contrived by some sleight of hand to reinvent itself as an academic discipline because 'its leaders decided it had to gain higher status by becoming more professionalized' (Phillips 1999, p. 15).

Phillips (1999, p. 15) accuses nursing academics of appropriating the 'nihilistic, postmodern gibberish' of the hierarchical knower structures characterising much of social science. In a similar vein, Magnet (BBC Radio 4 2003) blames them for 'injecting' nursing with 'a sort of fatal dose' of 'power politics and feminism and social engineering' which takes it 'further and further and further away from' patient care 'in the most basic sense'. Both Phillips and Magnet draw on the work of nurses, Phillips on an editorial in *The Lancet* by Bradshaw (1998), and Magnet on a book chapter by a nurse and general practitioner (Warren & Harris 1998).

In her *Lancet* editorial, Bradshaw (1998, p. 439) suggests that basic clinical skills are being displaced by non-specific or generic 'communication, interpersonal, management, critical thinking, problem-solving and analytical skills'. For Bradshaw, the art of nursing, and the epistemically-powerful hierarchical knowledge structures of the medical sciences which ought to underpin it, have been irretrievably 'displaced and deconstructed' by the hierarchical knower structure of an irrelevant and narcissistic 'social science which dominates

academic nursing knowledge' (Bradshaw 1998, p. 440). Bradshaw has repeatedly voiced concern at the manner in which nursing is 'mutating' and losing its key place 'in the bedside delivery of "total patient care"' to apprenticeship-trained health-care assistants (e.g., Bradshaw 2000, p. 328).

Warren and Harris (1998, p. 14) claim that, during the 1990s, nursing in the UK engaged in 'a massive retreat from the bedside' opening up a 'chasm' between nurse and patient. They trace the origins of this decline to the 1960s when some influential nurses embraced a pretentious and self-indulgent, knower-structured 'voice discourse' (Moore & Muller 1999) and became "stridently combative, 'rights based' and feminist" (Warren & Harris 1998, p. 16). Reformers, determined to upgrade the image of nursing, considered their obligations to comfort, feed and wash the sick as 'embarrassing reminders of the days when nurses were merely dumb helpmeets of a male medical profession' (Warren & Harris 1998, p. 17).

To escape this profane past, nurses found it "necessary to invent 'nursing studies'", ushering in 'a new breed of Project 2000 nurses, trained in status' by undertaking courses characterised by horizontal knowledge structures, dismissed as 'the pure distillate of PC humbug, the usual mix of victimology, identity politics and class struggle' (Magnet 2003, p. 43). This has resulted in an

endless bilge...[that] filters out of the university and into bedside manner and clinical practice...Project 2000 nurses have been trained to think that certain types of care demean them.

(Magnet 2003, p. 43).

In an interview on Irish radio (RTÉ Radio 1 2003), Tormey referred in an equally disparaging way to 'this BSc business or whatever they call it now for nursing degrees' which, in his opinion, was 'a recipe for madness' involving 'academicalising

our own nurses making them into kind of one-disease doctors' and 'making rocket science out of nursing which is ridiculous'. Things were better, he ventured, when nurses were 'trained in medicine... in block release' in hospital schools of nursing. Ward (2002, p. 22), a US-based professor of gynaecology and obstetrics, perceives a threat to 'the very noble career of nursing' in Ireland due to 'an effort to increase academic skills'. Citing no evidence for his contention, Ward goes on to state that Irish nurses, once 'the finest in the world', and renowned for their 'care, compassion, concern and good listening skills', are in danger of losing their personal touch as a result of changes in nursing education (Ward 2002, p. 22).

In a public response to these 'nursing neo-cons' (Rafferty 2006), Rafferty (1999) invokes the social, rather than epistemic, basis of disciplines when she argues that no intrinsic case can be made for the presence of any subject area or region within higher education:

We have cultural studies, tourism and leisure,
medicine, law and divinity; why not nursing?
Such practices are the product of
history, politics, economics, culture, custom,
pressure groups and a good deal of
political horse-trading.
(Rafferty 1999, p. 3).

Rafferty is not among those who consider the different epistemic power of knowledge forms to be an issue that is 'beyond the pale' (Maton & Muller 2007, p. 18). She has clearly articulated the challenges facing academic nursing, and calls for 'a historical sociology of nursing knowledge' (Rafferty 1996, p. 187) to advance nursing's political and academic project. All the more reason, then, that she should be somewhat more circumspect in publicly justifying nursing's presence in academia *solely* in social constructivist terms. This form of legitimisation exposes nurses to the accusation that their

disciplinary base is indeed contrived and spurious, and that their educational aspirations relate only to a desire for prestige and material reward. Scanlan notes that raising the status of the profession of nursing is 'not properly a reason...for seeking the introduction of nursing studies in the universities' (Scanlan 1991, p. 279). D'Antonio (2004), while explicitly recommending a discourse of legitimation based on the language of upward social mobility for certain groups of US women, sees this as but an adjunct to an epistemically-based language of legitimation appealing to science, knowledge development and clinical excellence.

Rafferty (1996, 1999) is, of course, correct in asserting that all disciplines have a social as well as an epistemic aspect; indeed, these are two sides of the same disciplinary coin (Becher & Trowler 2001). Bernstein never suggested that those academics whose identities derived from their 'dedication to the intrinsic value and purity of their scholarly pursuits' were not also always "implicated (to different degrees) in the 'profane' world of ...educational macro and micro politics" (Beck 2002, p. 619). Fawcett clearly demonstrates this point:

If nursing is to be regarded as a discipline, then there must, by definition, be a distinctive body of nursing knowledge. A distinctive body of nursing knowledge is the only (I believe) justification for schools of nursing and doctoral programs in nursing...claims for the existence of a distinctive body of knowledge are necessary for political and pragmatic reasons.
(Fawcett 2001).

Fawcett's contribution illustrates the profane 'property aspect' (Bernstein, 1971, p. 213) intrinsic to all knowledge claims: a 'profane face [that] indicates their external linkage and internal power struggles' (Bernstein, 2000, p. 54). However, in the

absence of an epistemically-powerful nursing language with currency in both academic and clinical settings, there is a danger that academic nursing will be viewed as a wholly profane enterprise: the profane exterior colonising the sacred interior as 'the extrinsic is raised above the intrinsic' (Beck 2002, p. 621).

Goodson (1981, p. 177) argues that 'material self-interest' is the key to understanding the 'aspirational imperative to become an academic Subject'. Begley (2001, p. 596) acknowledges that the pay and status of Irish nurse tutors was 'automatically improved' upon entering the third-level sector where they received 'a higher salary and better pension rights than they could ever have achieved in a hospital appointment'. Irish nurse teachers are said to have 'watched in horror' as their UK colleagues entered universities "only to find themselves in 'academic-related posts'" (McKenna & Coates, 2001, p. 421) with less status than established academic staff.

The accusation that nursing academics are motivated primarily by profane considerations of status and reward is reinforced by the contention that the field of academic nursing is removed from, and insensitive to, the daily realities of nursing practice (Bradshaw 1998, Dingwall & Allen 2001). Dingwall and Allen (2001) argue that many nursing academics are preparing nurses for

a job that did not exist in the past, does not
exist in the present and may never exist in the
future.

(Dingwall & Allen 2001, pp. 71-72).

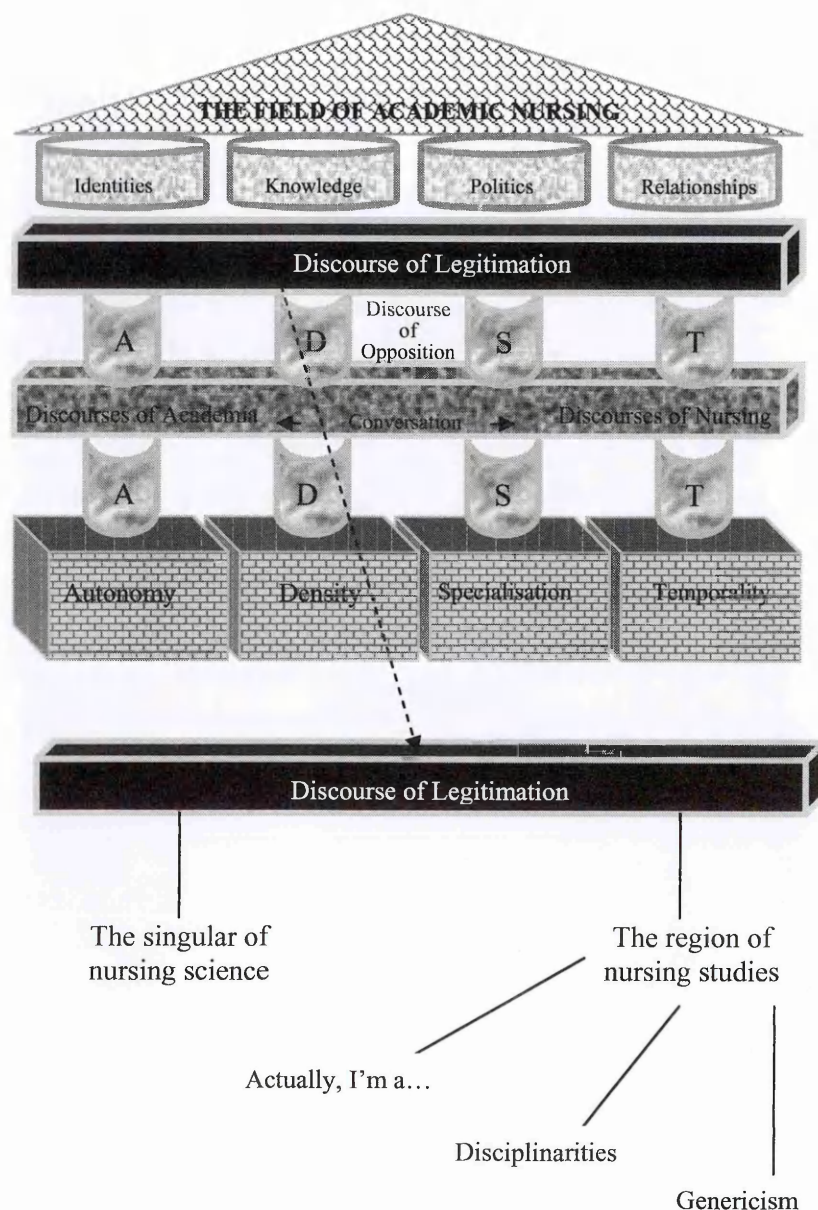
Clarke (2006, p. 177) acknowledges that 'academic nursing has all but turned away from studying' the 'front-line illness care' and 'bedside nursing work' in which most nurses are engaged. In part, this is due to the difficulties inherent in isolating and measuring nursing-sensitive patient outcomes, but it also arises from a tendency to regard some aspects of nursing care as 'so trivial...as to make their study ridiculous' (Clarke 2006, p. 176).

These claims invoke the notion of academic drift (Maton 2005, Pitchford & Bacon 2005): the idea that academic nursing is the creation of aspiring academics seeking status and security in academia, and rests on insecure foundations because it is not grounded in an exhaustive and rigorous analysis of the occupational sector from which it derives its legitimacy. This results in the progressive alienation of nursing academics from practising nurses. Many 'rank-and-file' nurses believe that nursing academics denigrate nursing practice (Miers 2002), while nursing academics decry the 'long-standing anti-intellectualism within nursing' (Miers 2002, p. 212) and report feeling 'almost defeated' by nursing's resistance to 'academic issues' (Orr 1997, p. 74). Barton (1998, p. 1279) believes nursing's 'anti-academic culture' to be one of the most serious difficulties facing nursing education in the UK, while Thompson and R. Watson (2001, p. 1) decry the tendency in nursing to criticise as élitist anything perceived to be intellectual.

The form and content of nursing academics' responses to the discourse of opposition deserve close attention because of the implications of their discourse of legitimisation for the current status and future trajectory of academic and professional nursing. It is to this discourse that I now turn.

The discourse of legitimisation: in search of nursing's Holy Grail

The discourse of legitimisation comprises the proclaimed sacred bases of nursing academics' identities. Two principal discourse models are evident in the literature: a fundamentalist singular of nursing science repertoire and an eclectic region of nursing studies repertoire. These repertoires encapsulate the ideological dilemma at the heart of academic nursing's disciplinary development.



The singular of nursing science and its malcontents

The leitmotif of the nursing science movement is 'extinction or distinction' (Nagle 1999, p. 71). The repertoire may be seen as an attempt to articulate a distinctive social language for professional and academic nursing, the lack of which is believed to contribute to nursing's invisibility and inaudibility in both health systems and academia:

without a language we are invisible. Nursing will remain invisible as a distinct discipline and be viewed as a subset of medical science

or social science until we have clearly defined
and embraced our unique identity.

(Barrett 2002, p. 52).

Elzinga (1990, p. 161) regards this repertoire as performing the work of 'disciplinary demarcation', a form of cognitive closure that marks out boundaries from other disciplines and proclaims the new discipline's unique focus and its 'positive contents', or substance. Also at stake is the temporal demarcation of nursing from earlier phases of its development when it was regarded as a horizontal discourse (Katz 1969). Allen (2001, p. 175) argues that many nursing scholars are engaged in 'epistemological demarcation'

directed at the establishment of a boundary
between nursing theory and the social science
disciplines on which it has so heavily drawn.

(Allen 2001, p. 175).

The nursing science repertoire represents academic nursing as a 'basic' human science (Daly *et al.* 1997, Northrup *et al.* 2004) with its own distinctive disciplinary paradigms and schools of thought (Barrett 2002). According to Holmes and Gastaldo (2004), the insistence on '*nursing* discipline-specific knowledge' and research (Fawcett 2003, p. 229; original emphasis) amounts to a 'purification logic' (Holmes & Gastaldo 2004, p. 263) whereby nurses who eschew nursing science and 'borrow' theories from other disciplines are accused of blurring boundaries and risking 'the extinction of the discipline of nursing' (Fawcett, 2003, p. 229).

The drive to identify an essential 'virginal purity in caring' (Rafferty 1995, p. 145) arises in part from a desire to ground 'cherished identities and commitments' (Beck & Young 2005, p. 184) in a sacred core (J. Watson 2005). Nursing scientists' quest for disciplinary coherence and distinctiveness may be understood in Bernsteinian terms as an attempt to identify and articulate a singular capable of grounding nurses' academic and

professional identities. For Bernstein, academic identities necessarily entail

a particular kind of humane relationship to
knowledge – a relationship...centred
in...‘inwardness’ and ‘inner dedication’.

(Beck & Young 2005, p. 184; original
emphasis).

Singulars give rise to academic identities ‘centred in the perceived intrinsic value’ of their disciplinary domains; they thus ‘partake of the sacred’ (Beck & Young 2005, p. 185) and bestow upon academics and students ‘a special significance’: a pure identity grounded in knowledge that is ‘not ordinary or mundane, but something esoteric’ (Bernstein, 1971, p. 215). Chandler (1991a, p. 89) regards much nursing theory as an attempt to construct ‘a more self-conscious...more esoteric, more detached’ body of knowledge for nursing because ‘a profession whose knowledge is common place is a contradictory concept.’

Through the nursing science repertoire, nursing academics seek recognition that they possess the key requisites of an academic discipline: a clear and distinctive focus, a coherent theoretical base, defined research methodologies and clearly articulated epistemic criteria for judging the worth of their scholarly output. There is evidence to support the contention that the establishment, maintenance and reproduction of stable and distinct knowledge communities depends on clarity in these matters. These epistemic communities can achieve a critical, collegial mass of scholars, generating the synergy necessary to form academic habituses, sustain disciplinary allegiances, establish long-term research programmes and produce canonical works (Parry *et al.* 1994; Delamont *et al.* 1997a, b; Henkel 2000, 2004, 2005a, b; Graham 2005).

However, there is little evidence to suggest that nursing science is capable of generating the cultural capital that academic

nursing craves. Even contributors to *Nursing Science Quarterly* admit that the impact of nursing science on academia and practice has been 'less than compelling' and that the sites of its enactment remain 'disciplinary anomalies, notable exceptions to a medical model rule' (Rawnsley 2003, p. 6). The reluctant conclusion is that

general acceptance of nursing theory as that
which guides inquiry, education and practice
has not been achieved.

(Rawnsley 2003, p. 7).

In relation to nursing education, Jensen and Lahn (2005) argue that caring science, as articulated by the Scandinavian theorists Eriksson and Martinsen, may exert a 'binding role' (p. 305) and provide nursing students with the symbolic capital necessary to strengthen their academic habituses. While Jensen and Lahn's argument is plausible, it is based on limited empirical evidence. Hodges *et al.* (2005) provide no evidence for their assertion that Parse's Human Becoming School of Thought provides nursing students with

an appropriate framework with which to
promote professional resilience and career
longevity...and to create strong professional
identities.

(Hodges *et al.* 2005, p. 548).

Rafferty (1995, p. 145) dismisses the nursing science movement as 'nursing fundamentalism' and accuses it of leading academic nursing down 'an intellectual cul-de-sac'. She points out that little of its substance is in fact unique to nursing, and that its syntax is marked by exceptionally low grammaticality and verticality.¹⁵ This renders it almost 'autistic' (Cash 2004, p. 93): incapable of providing nursing with the linguistic capital necessary to elaborate external languages of description that can grasp the empirical reality of nursing practice. Consequently,

¹⁵ Although she does not employ these concepts.

nursing science is a weak driver of knowledge progression in the field.

The language in which the theories and models comprising nursing science are couched has been variously derided by opponents as 'quasi-religious', 'sectarian', 'neologistic' and 'obfuscatory' (Barker *et al.* 1995, pp. 388, 390, 391); 'turgid' (Cash 2004, p. 94); 'shabby essentialism' (Drummond 2005a, p. 265); and 'egregious sophistry' (Rafferty 2006). Holmes & Gastaldo (2004, p. 264) believe that nursing science serves only to perplex, alienate and provoke 'a sense of exhaustion, platitude, fatigue and boredom within the nursing community.' Nelson and Gordon (2006, pp. 4-5) argue that nursing science perpetuates a saccharin 'virtue script', a 'hand-holding', 'dewy-eyed' and 'sentimentalized caring rhetoric', which marginalises the hard work of bodily care, and conceals

the scientific and (let's say it out loud)
medical knowledge and skills nurses master in
order to deliver quality care.

(Nelson & Gordon 2006, p. 188).

Gordon and Nelson (2006, p. 28) point out that administrators 'are not hiring humanists in the hospital these days.' For them, the nursing science movement denies nursing the symbolic capital it needs to realise legitimate practices and habituses in contemporary healthcare and academia. They believe that, in a climate of economic rationalism, appeals to humanism, and the emphasis on the relational aspects of nursing, contribute to a failure to properly articulate the nursing contribution to patient outcomes. Instead, nurses' languages of legitimation should represent nursing in terms of epistemically-powerful hierarchical knowledge structures, rather than exclusively in terms of having 'a superior connection to patients', and of being 'a humanizing presence in an increasingly impersonal health care system' (Gordon & Nelson 2006, p. 26).

Evidence from ethnographic research in the UK supports the contention that nursing science does not provide nursing with a legitimate voice. Latimer (2000) shows how nurses systematically efface their own contribution while they perform their primary organisational role of metaphorically 'pushing' and 'pulling' patients through beds to achieve the goals of clinical medicine and healthcare management. The bedside is not the site of autonomous nursing practice where nurses negotiate with patients to authorise and legitimate their needs, she argues, because discretion and the power of signification 'lie elsewhere in other disciplined bodies of knowledge' (p. 91). Discourses of nurturing and individualised nurse-patient relationships emerge as subordinate to medical and managerial discourses and provide epistemological capital that is 'too weak to be persuasive or to have influence' (p. 94). Consequently, nurses' work becomes visible and audible only by invoking 'orders of discourse coming from elsewhere' (p. 119); namely, biomedicine and managerialism. Far from humanising health services, Latimer warns, there is a risk of nurses' relationships with patients becoming increasingly technologised in the pursuit of agenda that are not nurses' own. Latimer bleakly concludes that within

this new framing any demonstrable gain from
traditional care and compassion now seems
impossible to prove.

(Latimer 2000, p. 123).

Allen (2004) also points to lack of evidence for claims that nurses' distinctive contribution to patient outcomes comprises individualised holistic care, delivered in the context of emotionally intimate and intrinsically therapeutic nurse-patient relationships. According to Allen (2004), nursing science's espoused mandate (jurisdictional assertions about its contribution to society) is so totally at odds with nursing's licence (its contract with society and the reality of a practice

severely constrained by material and structural factors) as to be pathological. This mismatch, she believes, results in poor morale and chronic dissatisfaction, because the cherished professional identities projected by nursing theories are threatened by the reality of work in bureaucratic and technocratic health systems. This poses a dilemma for the nursing scientists: the grounds of their academic identities create exaggerated and unrealistic expectations in practicing nurses and nursing students. In such circumstances, it is hardly surprising that many nurses choose to be seen and heard by appropriating the powerful medical and managerial discourses which have colonised contemporary health systems (Latimer 2000).

Allen (2004, p. 271) proposes an 'empirically based reformulation of the nursing mandate' whose 'core' contribution is that of 'healthcare mediator'. She proposes a new conceptual language to articulate the nursing contribution to care that represents the nurse as the ultimate flexible worker, juggling competing priorities, channelling information, and blurring her jurisdictional boundaries to ensure continuity of care by negotiating patients' passage through the healthcare system. It is as if nursing is the connective tissue filling the interstices and binding together all the other healthcare cells, with their *distinctive* functions and related structures, in the health system organ.

The ethnographies of Latimer and Allen document what nurses are observed to do within current constraints, rather than what they could do if the status quo were changed. Latimer (2000, p. 123) hints at a connection between the 'technologising' of nursing and problems in recruitment. Allen (2004) appears to suggest that nursing should restrict its mandate rather than seek to broaden its licence. Proponents of nursing science take issue with this somewhat restrictive and strangely eviscerated construction of nursing. They argue that insights gleaned from observing what is cannot provide a guide for what nursing might

become (Mitchell & Bournes 2006). Jean Watson, for example, would regard the roles of conductor of care (Latimer 2000) and healthcare mediator (Allen 2004) as 'trim' and not 'core' (J. Watson 2005, p. 3).

This notion of 'core' is analogous to Bernstein's 'supracontent concept' (1971, p. 217), which integrates diverse practices and knowledge sources within regions at the level of meaning. For Jean Watson, the 'core' of nursing is 'timeless and enduring' (2005, p. 3), transcending the new knowledge, skills, technologies and specialist practices which constitute its always changing 'trim.' Trim, she contends, should not be permitted to determine the scope, content and development of professional nursing. For the nursing scientists, the core of nursing resides in the formation of a particular type of nurse-patient relationship based on being 'truly present' with patients (Parse 2006, p. 5). Sceptics dismiss such constructions as manifestations of a one-sided, emotional self-indulgence, grounded in nursing 'theology', not science (Barker *et al.* 1995, p. 388).

In an era where healthcare and education are becoming increasingly commodified (Standish 2002, Drummond 2003), and where patients and students are subject to technorational management techniques, the language of nursing science has a certain seductive appeal. Drummond (2005b) acknowledges this, but points out that nursing science is not science in the generally accepted sense of a hierarchical knowledge structure with high grammaticality and verticality.¹⁶ Instead, it is concerned with "'something else', something human that is both beyond and before science" (Drummond 2005b, p. 218). Nursing science does not concern itself with the basic natural and social sciences which underpin quality healthcare; rather, it proclaims nursing as a distinct disciplinary singular located within the humanities, and is a realisation of a knower setting of the specialisation principle (ER-, SR+); that is, it specialises

¹⁶ Like Rafferty, Drummond does not actually employ these concepts.

academic and professional identities according to the habituses of knowers: their characters, sensibilities and dispositions. The danger with this esoteric language of legitimation, its critics insist, is that it renders its speakers unable to communicate with anyone but themselves.

The region of nursing studies

Proponents of this repertoire regard nursing as a region rather than a singular. Nursing is a region because it is a collection of singulars combined with technical skills and procedural knowledge (Muller in Christie *et al.* 2007). Regions are the interface between the field of knowledge production and the field of practice, and, Janus-like, face simultaneously inwards to singulars and outwards to practice. Serious questions of legitimacy arise for those nursing academics who turn their faces away from nursing practice and reject nursing discipline-specific theories and frameworks, preferring instead to look inwards to an eclectic mix of disciplinary singulars. One such question concerns who may legitimately profess the singulars that comprise nursing studies?

For Banks (1995), the answer is clear: disciplinary specialists. She questions the grounds on which nurse educators consider themselves sufficiently knowledgeable in psychology, sociology and biological sciences to 'go it alone' when teaching nursing students (p. 315). Those she worked with, she observes, rarely consulted with subject specialists and never refused 'to teach anything on the grounds of lack of knowledge and therefore competence' (p. 315). She argues that few nurse educators 'have sufficient knowledge of the relevant academic disciplines to teach to our standards' (p. 316), and that nursing students are entitled to have the various singulars comprising nursing studies taught 'by knowledgeable, practising academics' (p. 315). In her response to Banks, Fabricius (1996, p. 76) agrees that nurse teachers would be 'foolish' to 'compete in specialities which are not their own'.

Nurse educators' previous concentration on their ability to teach rather than what they were teaching has made of them generalists (Chandler 1991b, Whitehead 2005). They are now in danger of being stranded on the margins of higher education as nursing studies is deconstructed and its constituent singulars returned to disciplinary specialists in the academy. Reforms in higher education, resulting in modularisation and the rationalisation of educational programmes, have raised the possibility that the role of profession-specific lecturers will be eroded in favour of disciplinary specialists, who will impart their singular knowledge to multiprofessional groups of healthcare students (Kitson 2001, Whitehead 2005). Indeed, Whitehead (2005) predicts the rise of the generic healthcare professional, the demise of nursing as a distinct occupation and the end of nursing-specific education. According to this scenario, nurse educators will either have to 'ally themselves to other disciplines', 'align themselves to broader social and clinical-science-based careers', or leave the academy and return to teaching in the clinical setting (Whitehead 2005, p. 252).

Examination of nursing scientists' guidelines for nursing education, particularly in the US and Scandinavia (Fawcett 2005, Tomey & Alligood 2006), reveals their strategies for dealing with these dilemmas. Nursing students would acquire a thorough grounding in the pre-requisite sciences and humanities by means of prior undergraduate education, or by taking courses in a pre-professional component of postgraduate pre-registration nursing courses. The envisaged scope of this non-nursing component is often very broad, including art and music appreciation, English literature, foreign languages, Eastern philosophy, astronomy, cosmology, religious studies and existential phenomenology, as well as somewhat less eyebrow-raising courses in social and biological sciences, such as psychology and anatomy. Nursing-discipline specific courses, which, according to Orem (cited in Fawcett 2005, p. 253), 'are not to be based on content primarily from the biologic,

behavioural, and medical sciences', would then be taught by nursing scientists who could concentrate on imparting distinctive nursing knowledge, such as

the meaning of structuring meaning, cocreating rhythms, cotranscending the possibles...rather than diseases and other areas of the medical model.

(Parse 2001, cited in Fawcett 2005, p. 489).

Nursing scientists are clear about the source of their legitimacy as academics: a 'structural holarchy of contemporary nursing knowledge' (Fawcett 2005, p. 4). This 'holarchy' comprises, in descending order of abstraction, the metaparadigm of nursing, philosophies of nursing, conceptual models of nursing, grand nursing theories, middle-range nursing theories and nursing empirical indicators. These components are then translated into research, education and practice through the creation of conceptual-theoretical-empirical (C-T-E) systems of nursing knowledge and C-T-E system-based nursing practice (Fawcett 2005). The claim is that this structural holarchy provides a compass for negotiating the healthcare maze, a mooring or jetty in the turbulent waters of contemporary health systems, an intellectual lens through which to view the recipients of nursing care, and a systematic and purposeful practice methodology (Fawcett 2005). Through the study and implementation of C-T-E systems of nursing knowledge, nurses are provided with a social language with which to articulate the scope and substance of professional nursing practice, research and education.

In Bernsteinian terms, C-T-E systems of nursing knowledge furnish 'supracontent' concepts (Bernstein 1971, p. 217). These binding principles allow nurses to meaningfully integrate inputs from a number of sources, including the 'adjunctive' disciplines; to discriminate between relevant and irrelevant information; to distinguish between appropriate and inappropriate nursing actions; and to achieve a distinct and consensual professional

perspective (Fawcett 2005, Alligood 2006). In short, C-T-E systems of nursing knowledge are 'the foundation on which claims for disciplinary status for nursing rest' (Fawcett 2003, p. 229).

Even if one accepts that there is 'no ground state in which definitive borders can be drawn between traditional disciplines', disciplinary labels are far from 'empty or insignificant' (Derrida, cited in Drummond 2004, p. 531), because they name a distinctive style and exert a stabilising effect on academic practices and communities. It is not necessary to accept Bernstein's thesis that knowledge forms are irreducible to social practices, and may be more or less epistemically powerful, to acknowledge the importance of disciplinary boundaries. So, irrespective of whether disciplines are 'timeless statements of intrinsically worthwhile content' (Goodson 1981, p. 167) or ideologically-based social constructions, disciplinary demarcation would appear to be necessary for a sense of academic identity and for meaningful academic work: the sacred in this case residing in the boundary, rather than in what is bounded.

For those who reject nursing science, we might ask what integrates the region of nursing studies, and what grounds their academic and professional identities. Lynaugh (2004), discussing the concept of academic nursing practice in the US, states that

we now accept and perhaps take for granted
that clinical expertise is prerequisite for most
nursing faculty in higher education.

Lynaugh (2004, p. 35).

Henry (1998), however, warns that asking nursing academics to engage in 'a tripartite mission of research, education, and practice' (Evans & Lang 2004, p. xvii) is to ask the impossible. Miers (2002) disagrees, arguing that the absence of any tradition of clinical careers for nursing academics has resulted in a dearth

of clinical expertise and a lack of sensitivity to clinical issues in academia. Where, we might ask with Chinn (2001), is the nursing in academic nursing? In the absence of a distinctive nursing singular and clinical nursing expertise as the grounds of their legitimacy, nursing academics appear to resort to one of three legitimisation strategies: specialisation in another disciplinary field; confused notions of interdisciplinarity, transdisciplinarity, or even 'postdisciplinarity'; and genericism.

Actually, I'm a ...

It is a trivial observation that the study of nursing 'regularly and necessarily draws upon different disciplines' (Graham 2005, p. 188); there is, for example, a philosophy of nursing, a history of nursing, a sociology of nursing, and so on. Philosophy, history and sociology are singulars, distinguishable from each other mainly on the basis of their distinctive languages and methods of inquiry (Graham 2005). Some nursing academics may 'deny their nursing roots' (Thompson & R. Watson 2006, p. 125) and seek to specialise their identities with reference to these or other disciplinary singulars. To succeed in their adopted epistemic communities, these nurses' academic habituses would have to be recognised as legitimate by those who inhabit the discourse of the disciplinary singular that they now claim to profess. Whether they in fact possess the requisite epistemic capital to realise legitimate practices in their disciplinary domain of aspiration, is matter for further investigation. Another issue to be addressed is the precise nature of the contribution of such individuals to the field of academic nursing, and to developments in nursing policy and practice.

Disciplinarity: "Everything is everything", or is it?"¹⁷

Alternatively, often ill-defined notions of interdisciplinarity (Kitson 2001) or transdisciplinarity (Holmes & Gastaldo 2004) are invoked. Interdisciplinarity differs from transdisciplinarity, which advocates total boundlessness, in that it retains the notion

¹⁷ From Cody (2001, p. 274).

of distinct but intersecting disciplines. The insights of one discipline are believed to 'illuminate the subject matter of another better than it could expect to do relying on its own methods' (Graham 2005, pp. 189-190).

Interdisciplinarity differs from multidisciplinary, involving more than one discipline, because its benefits are considered to be qualitative, rather than simply additive. Proponents of multidisciplinary simply claim that viewing the subject matter of nursing, say, through different disciplinary lenses means that students know more about more things to do with nursing: the benefit is quantitative. Advocates of interdisciplinarity go further and assert that nursing students acquire a better understanding of the philosophy of nursing *because* they also understand, for example, the history of nursing: a synergistic effect is said to be at work (Graham 2005). However, as Cody (2001) and Graham (2005) point out, other than in certain restricted contexts, there is little empirical evidence to support the claims of proponents of interdisciplinarity. Indeed, many of its putative benefits, such as synergy and critical mass, might just as easily result from intensive discipline-specific work.

Holmes and Gastaldo (2004, p. 259) envision a future characterised by 'transdisciplinarity, diversity and plurality' when nursing scholars will have dissolved the boundaries between disciplines to create a new type of nursing. They urge nurses to reject restrictive and narrow-minded conceptual models, and other ways of developing the discipline, such as nursing diagnosis and evidence-based nursing, that merely ape medicine. Instead, nurses should become 'nomads', dwelling on the margins, bereft of epistemic capital, unconstrained by borders and immersed in

nursing chaos...a brand new and fragmented
order, one that will dare to tolerate
multiplicities of thoughts
(Holmes & Gastaldo 2004, p. 264).

In his response to Holmes and Gastaldo, Drummond (2005a) commends their questioning of 'the persistent residue of essentialism' (p. 256) that he believes characterises nursing scientists' quest to define nursing's professional and academic identity. He also dismisses as 'utter rubbish' (p. 265) nursing science's oft-stated aversion to 'borrowing' concepts and theories from other disciplines. Nevertheless, he takes issue with Holmes and Gastaldo's vision of chaotic transdisciplinarity as a way forward for knowledge development in nursing. Apart from the question of what this actually means and would look like in practice, Drummond argues that knowledge structures with some degree of verticality and grammaticality are 'necessary for some semblance of organized life'. He points out that the new order envisaged by Holmes and Gastaldo is both impossible and impracticable as a '*continuous* modus operandum for any variant of professional thought and practice' (Drummond 2005b, p. 259; original emphasis).

Muller (2000, p. 5) condemns the 'spurious ideology of boundlessness' and questions the validity of claims that mode 2 – transdisciplinary – approaches to knowledge production should replace orthodox mode 1 – disciplinary – forms. He proposes an 'adjunct or supplementary thesis' (Muller 2000, p. 48), which holds that mode 2 competence is predicated upon a sound mode 1 disciplinary base. Drawing on Gould's (2003) distinction between academics who, like hedgehogs (mode 1 singular disciplinarians), adhere to a single effective strategy throughout their careers, and others who, like foxes (mode 2 transdisciplinarians), adopt diverse strategies, Strober (2006) points out that individual academics cannot in fact choose whether to be hedgehogs or foxes because symbolic capital must first be acquired in a narrow specialism. Successful academics tend to retain a deep relationship to their primary disciplines and must 'be certified hedgehogs before they can be foxes' (Strober 2006, p. 324). Attempts to develop mode 2 strategic or problem-solving research before adequate mode 1 capacity has

been built up amongst staff are doomed to failure in this view. Muller (2000) also notes that transdisciplinarity is a social form; it does not inhere in single individuals.

Muller's thesis poses a significant challenge for nursing academics, most of whom lack a mode 1 nursing discipline-specific knowledge base, and for academic departments of nursing comprised of staff with an eclectic mix of disciplinary backgrounds. In such circumstances, it is difficult to see how the necessary critical mass of disciplinary specialists (Delamont *et al.*, 1997a, b) could be achieved in order to establish research teams capable of driving programmes of research into the phenomena of concern to nursing. In any case, the majority of nursing academics are conspicuous by their absence from the contexts of application in the clinical domain where mode 2 nursing and healthcare research would have to take place.

Cody (2001) also cautions against the uncritical acceptance of mode 2 approaches to knowledge production for academic nursing. He believes that the concept often serves as a rhetorical veneer, masking the continuation of the status quo in academia and healthcare. As a forever emerging, but, it seems, never fully emergent discipline, nursing risks 'being swallowed up' by notions of transdisciplinarity, resulting in the disappearance of its 'unique nascent knowledge' (Cody 2001, p. 277). Cody (2001) argues that nurses must articulate their own distinctive disciplinary perspective and be secure in their own epistemic identities before they can collaborate with members of other epistemic and professional communities on an equal footing. Standish (2002) argues for the maintenance of disciplinary borders; we may cross them by all means 'but this is not the same as to say that there must be a dissolution of disciplines' (Standish 2002, p. 16).

The key question for nursing academics is 'what is it that we profess?' (Drummond 2004, p. 532). For Drummond, the

answer is the many singulars that comprise ‘the nursing humanities’ (Peters 2002, p. 57):

the nursing faculty itself, and in particular its professoriat, may be encouraged to engage in a discourse and a practice of nursing that stretches across the humanities.

(Drummond 2004, p. 532).

Nursing academics must return to ‘basic principles...the human condition (*humanitus*)’ (Drummond 2004, p. 525) and look at them anew. This requires them to profess a nursing that:

after all, is not philosophy, is not history, is not aesthetics, art or literature; it is not even, in the strictest sense a social science. I want to suggest however, that these humanities are always already *bundled in* to nursing at all its levels and manifestations. These humanities are not pure disciplines; it is a philosophy *of*, a history *of*, a writing *of*, a thinking *of*.

(Drummond 2004, p. 530; original emphases).

For Drummond, the humanities are integral to nursing; strip them away and ‘the whole system crashes’ (Drummond 2004, p. 530) or, in Bernstein’s terms, ‘the consequences will become visible and threaten the whole at every point’ (Bernstein 1977, pp. 222-3). Drummond’s vision for ‘a nursing humanities’ brings him very close to the position of some of the nursing scientists, although his terminology is more accurate. The history of the nursing or caring science movement is precisely one of more or – usually – less successful attempts to articulate an integrated nursing humanities as a distinct and coherent disciplinary singular for nursing. This movement may be regarded as a discursive attempt to reclaim and reinvigorate hierarchical knower specialisation (ER-, SR+) as the basis of nursing’s academic legitimacy.

Eriksson, for example, derives her inspiration for the development of the unique substance of an independent, autonomous discipline of caring science from the 'great Greek classics by Plato, Socrates and Aristotle' (Lindström *et al.* 2006 p. 194). Martinsen accuses the nursing profession of 'uncritically embracing' an empiricist scientific base for nursing (Alsvåg 2006, p. 168) precipitating a crisis due its failure to

examine its nature as fragmented, specialized,
and technically calculating, at the same time
as it pretended to hold a holistic perspective
on care.

(Alsvåg 2006, p. 172).

Similarly, Chinn (2001, p. v) argues that nursing education programmes in the US are increasingly 'propelled by demands that arise from medical specialities, not from nursing's own agenda', causing nurses to revert 'to the very handmaiden roles we delude ourselves into thinking we have escaped' by 'serving another discipline's goals and interests, not our own' (Chinn 2001, p. v). Fawcett (2006) agrees that much of what passes for advanced nursing practice is little more than limited medical practice, and that scientific medicine is incapable of providing the 'resources of legitimation' (Maton 2005, p. 240) for academic nursing, or for nurses who wish to become professional practitioners, rather than the skilled tradespeople she takes medics to be. Like Drummond (2004, p. 525), these and other nursing scientists call for a return to nursing's first principles: 'that of the human condition (*humanitus*).'

Drummond (2004) appears to believe that nursing academics should profess some kind of hybrid nursing humanities discourse. This raises questions concerning the principles according to which the knowledge of each humanities singular should be selected and related to nursing, and how, by whom and to what end this is done (Bernstein 2000). As his response to Holmes and Gastaldo (2004) makes clear, Drummond is not

suggesting that nursing academics should become 'transdisciplinary epigones' (Muller 2000, p. 80), but nor does he consider how specialist expertise in the constituent singulars should be acquired and applied by nursing academics. Should academic schools of nursing employ nurses who are also specialists in one of number of established disciplinary singulars? Such individuals would presumably have obtained their disciplinary training outside of nursing schools, and it is not clear why such an arrangement should not continue for their successors, unless it is envisaged as a short-term, capacity-building exercise, dedicated to elaborating a nursing singular in the medium to long-term. If the intention is that disciplinary specialists need not be nurses, then it is equally unclear why they should not be employed by their respective disciplinary departments. Should 'nursing-specific' educational programmes, which presumably refer to skills and 'competency'-based modules, be 'farmed out' to clinical partners, as Whitehead (2005, p. 253) envisages and supports, it is by no means clear why academic departments of nursing should exist at all.

Genericism

Generic modes derive from a perception that education must be functionalised to respond to the shifting priorities of employers in the 'real' world. Communication and interpersonal skills are among the raft of transferable 'generic', 'key' or 'core' skills (Beck & Young 2005, p. 190) that feature in the rhetoric of advocates of lifelong learning. Their aim is to inculcate 'trainability' and instil a 'flexible transferable potential' in students (Bernstein 2000, p. 59; Beck 2002).

Beck (2002) argues that genericism denies its own ideological roots and excludes alternative discourses which might equip students with the critical thinking capacity to challenge the structural conditions constraining their practice and limiting their intellectual formation. For Bernstein (2000), trainability is

a strangely dereferentialised and hollow concept, its whole point being to cultivate trainees' receptiveness to externally-imposed agenda (Beck 2002). Lacking any intrinsic content, it provides no basis for intellectual or professional formation, and denies the possibility of developing a relationship with a defined body of knowledge in which inner commitments and dedication can be grounded, and from which connections to other disciplines and practices in the outer world can be established.

The upshot is the subjugation of the substantive content of academic disciplines to technical and bureaucratic imperatives (Standish 2002), and the erosion and erasure of professional and academic identities (McAllister 2007). How much more vulnerable to these trends is the emerging field of academic nursing, given that it experiences such difficulty in defining and articulating its own distinctive knowledge base and domain of practice, and in reaching consensus as to which, if any, of the extant systems of nursing knowledge might provide the grounds of its proponents' academic and professional identities?

Discussion

The conversation between the discourses of opposition and legitimation may be conceptualised as the realisation of struggles for control of the legitimation device. Underlying much of the discourse of opposition are constructions of nursing as embodying a profane, non-U, code, which poses a threat to the sacred, U- or neo-U, code that once prevailed in the academy. Nursing is depicted as an instrumentalist conduit, or 'Trojan horse' (R. Watson & Thompson 2004), smuggling profane, polluting influences into higher education, in the form of the wrong kinds of knowers, practices and values (Maton 2004). This diminishes the status of established forms of capital and undermines cherished academic habituses.

In terms of settings of the legitimation principles, the discourse of opposition portrays nursing as characterised by lower positional and relational autonomy (PA-, RA-) relative to other

professional and academic disciplines. It is subordinate to medicine and health-service bureaucracy (Chambliss 1996, Latimer 2000, Sellers 2001), and is particularly vulnerable to political and other external forms of power and control (Drummond 2004; Meerabeau 2005, 2006). As a new entrant, nursing is also relatively powerless in the academy, lacking a critical mass of focused scholars who have had the opportunity to amass symbolic capital over time.

Drummond (2004, p. 529) highlights nursing's 'polyvalent nature'; that is, its relatively high material and moral density (MaD+, MoD+). Nursing comprises diverse 'discourse practices', ranging across a continuum whereupon an area of nursing practice located at one pole bears little 'epistemic relation' to that at the other (Drummond 2004, p. 529). Putative integrating principles, or 'supracontent' concepts (Bernstein 1971, p. 217), such as 'caring' or 'presence', are contested, conceptually vague and exist only at a very high level of abstraction, and, while essential, are not unique to nursing (Oldnall 1995). Further, the nursing workforce, both occupational and academic, is heterogeneous with respect to levels of education, ability and disciplinary specialisation.

Drummond (2004) argues that nursing as a whole cannot yet be considered as research-driven because much nursing practice remains 'conceivable in the absence of research' and is 'grounded in practical knowledge' (p. 529); that is, it exhibits many of the features of horizontal discourse. Thompson and R. Watson (2001) despair of the state of British academic nursing where

the idea of programmatic research extending forward for several years with a group of dedicated researchers is largely unknown.

(Thompson & R. Watson 2001, p. 1).

The 'bedpans and brooms' repertoire positions nursing beyond the pale of higher education, constructing it as tending towards a

relativist setting of the specialisation principle (ER-, SR-): natural and common sense – mainly women's – work, involving neither specialist knowledge nor cultured dispositions, and therefore positioned perilously close to horizontal discourse. As such, it does not require prolonged educational preparation, and certainly not at the higher education level.

The 'veils, vows and virtue' repertoire emphasises disposition over knowledge and specialises nursing in the direction of the knower setting of the specialisation principle (ER-, SR+). However, this is not the cultured knower beloved of liberal humanists; this knower is defined by her strength of moral character and her dedication to providing devoted service. Such knowledge as is required is mostly an abridged form of medical knowledge, while technical and practical skills are to be acquired through instruction at the bedside (Fealy & McNamara 2007a). This is not a knower who requires or would benefit from university education; indeed, such might spoil her identity and vocation.

Attempts to articulate 'a knowledge-based identity' (Gordon & Nelson 2006, p. 13) are directed at shifting nursing towards the ascendant knowledge setting of the principle of specialisation (ER+, SR-). Any suggestion that this would entail a concomitant shift from a virtue script encounters considerable resistance from within nursing (Fabricius 1991, 1996, 1999; Bradshaw 2001a, b; Mason 2006). The proposed move towards knowledge specialisation does not necessarily constitute a case for *higher* education for nurses because the 'intensely practical and instrumental' nature of nursing practice (Nelson & Gordon 2006, p. 189) suggests that this knowledge might best be imparted in the context of application in the clinical setting, supplemented by competency-based training delivered, perhaps, in the further, technical or vocational education sectors.

Such instrumentalism is anathema to those in academia who seek to retain control of the legitimation device in order to

maintain the specialisation principle at the knower setting (ER-, SR+), according to which status inheres in cultivating students' habituses and in fostering breadth of knowledge for its own sake. Further, where control of the device has passed to those whose identities are specialised by their disciplinary knowledge, and who have switched the specialisation principle towards a knowledge setting (ER+, SR-), it is hierarchical knowledge structures with higher verticality and grammaticality that attract status. Nursing has not been successful in articulating a singular with these characteristics and, given that the established singulars that comprise the region of nursing studies are already well-established in higher education, it is not immediately apparent why a separate institutional location within academia for nursing should exist.

The discourse of opposition positions the occupation of nursing towards an archaeo-retrospective setting of the principle of temporality (+C^t, +F^t). Nursing is a long-established field of practice and, even when constructed as menial and manual, a discourse of vocation, sacrifice and devotion sanctifies it as the purest expression of a noble, moral ethic of service. The portrayal is one of an occupation steeped in custom and convention, reluctant to move from a highly idealised and sentimentalised self-conception.

In academia, a similar setting valorises the forms of capital and habituses associated with the English ideal of the university, according to which, the study of, and preparation of students for, careers such as nursing is anathema. As a position in the field of academia, nursing embodies a neo-prospective temporal setting: new and orientated to the profane external world of relatively low status work. Were occupations similarly characterised by low autonomy, high density and illegitimate forms of knower and/or knowledge specialisation to succeed in storming the gates of the academy, a very real threat to the continued control of the

legitimation device by dominant agents in the academic field would be posed.

Nursing scientists do not attempt to valorise the non-U code. Instead, through their languages of legitimation, they represent academic and professional nursing as structured by a neo-U code, constructing it as consistent with the established settings of the principles underlying the intellectual field. Nursing science proclaims the autonomy of nursing as a professional and academic discipline, demarcating it from the science and practice of medicine, and from representations of nursing as merely subordinate and instrumental craftwork (PA+, RA+). Nursing science is characterised by lower density because it attempts to integrate the humanities into a unique disciplinary singular for nursing in the service of nursing's agreed and unique social mission (MaD-, MoD-). At the core of this mission is the special relationship that nurses enter into with patients and their unique focus on patients' subjective responses to illness and its treatment.

This nurse is above all a specialised knower (ER-, SR+) and embodies a return to the past principles of nursing, but in a revitalised and updated form. This construction aligns nursing with the U-code that has long structured academia: neo-retrospective temporality. Nursing's legitimacy as an autonomous professional and academic discipline worthy of a seat at high table is supposedly assured. Nursing practice is reconstructed as the genuine profession of an integrated humanities-based singular in the service of mankind: a sacred '*oeuvre*', rather than a mere labour or profane '*travail*' (Drummond 2004, p. 532).

If this neo-U version of nursing is predicated on a fundamental misrecognition of the reality of nursing practice, as many commentators believe, then academic nursing's dilemmas of disciplinary identity remain unresolved. The reality may be that nursing lacks the professional and academic autonomy, is too

heterogeneous an occupation and too recent an arrival in academia to succeed in reinventing itself in this way. In Ireland, nursing's entry to higher education coincided with a fundamental restructuring of the sector. As a result, the rulers of legitimacy which provided the benchmarks for nursing scientists' humanities-based hierarchical knower singular may no longer prevail. In such a climate, even long-established humanities disciplines must prove their worth, and status and prestige increasingly inhere in specialisation in disciplines characterised by knowledge structures with high verticality and grammaticality. Caught in a pincer movement between reforms in the higher education and healthcare sectors, nursing may be left with little room to manoeuvre in either.

In essence, academic nursing finds itself caught in the crossfire between scientists and humanists engaged in the so-called 'culture wars', characterised nowadays as a struggle between modernity and postmodernity; the humanities having taken a linguistic, social constructivist and relativist turn (Peters 2002, Betts 2006a). J. Watson (2005) argues that her 'Carative Factors' constitute a transcendent sacred 'core' for professional nursing practice; she relegates 'skills, technology, speciality and subspeciality practices' to the status of profane 'trim' (p. 3). Only a humanist 'core' can legitimate and provide the moral guidance for nursing as an academic and professional practice discipline. 'Trim' is spoken of in the same way as science was by humanists engaged in a discursive struggle with scientists for control of the legitimation device.¹⁸ Betts expresses the tension thus:

perhaps the focus of a *proper* higher education in nursing is one that is given to the development of a (critical) thinker who can practice rather than a practitioner who can critically think (only about practice).

¹⁸ The representation of science in these debates is invariably the straw man of positivist science (Maton 2005).

(Betts 2006a, p. 634; original emphasis).

Nursing scientists claim that only nursing's structural hierarchy can provide for the intellectual formation of critical nurse thinkers who can also practice nursing (Alligood & Tomey 2006). Far from critical 'thinkers who can practice', however, health services appear to be content with practitioners who can do, and might just be persuaded of the need for 'practitioners who can think' (Betts 2006a, p. 633).

Fawcett (2005) acknowledges the scale of the task required to implement C-T-E systems of nursing knowledge. A U-code version of nursing practice demands nothing less than a root-and-branch reform of systems of healthcare delivery, requiring fundamental changes in institutional cultures, an end to medical hegemony, and radical 'perspective transformation' on the part of nurses and other healthcare workers (Fawcett 2005, p. 42). The humanist knower projected by nursing science emerges as a luxury that society may be able to afford, but is unwilling to pay for, at least until she can articulate in clear and comprehensible language the precise nature and value of her contribution to care.

Nursing academics reply that to base nursing education on 'an *assumed* practice is just plain bad (higher) education' (Betts 2006a, p. 634; original emphases and parentheses). McAllister (2007) agrees that nursing conceptual models help to articulate what nursing is *and* what it might become. Such idealism is not naïve, she argues, and 'either/or' thinking which opposes it to practicality needs to be challenged. There are echoes of Bernstein here: the whole point of a proper higher education is to provide not only 'knowledge of how it is (the knowledge of the possible)', 'the thinkable', but also a sense of 'the possibility of the impossible', 'the unthinkable' (Bernstein 2000, p. 29). 'Both/and' thinking recognises that the need for technical skills and specialist knowledge in the nursing curriculum should not displace an emphasis on the cultivation of distinctively nursing knowers.

Conclusions

This analysis of the discourses of opposition and legitimation reveals that the very terms of the debate are themselves part of agents' responses to perceived threats to nursing and higher education. The various repertoires constitute agents' attempts to control the legitimation device in the face of threats to its ownership emanating from outside their respective fields. In the case of nursing practice, the threat is posed by academia; in the case of academia, nursing is a particularly pristine example of the sorts of profane practices and habituses considered beyond the pale. In Chapters 5 and 6, I turn to the discourse of legitimation of Irish nursing academics and leaders, elicited as they performed their academic identities and attempted to establish nursing's academic legitimacy against the backdrop of the dilemmas of disciplinary identity and development identified in this review.

Chapter 5

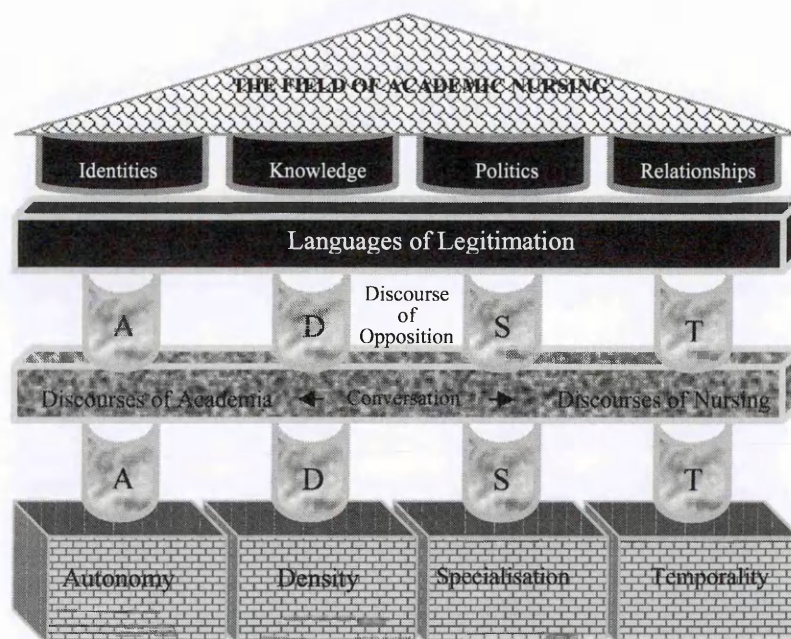
Building an academic identity for Irish nursing: knowledge, politics and relationships

It seems to me that nursing theorists and many researchers continually go to other theories...and try to make nursing fit them, instead of going to nursing practice and make nursing not like other things but like itself, and then try to understand it.

Joanna Latimer (2000, p.3).

Introduction

Each of the sixteen dialogues was designed to reprise at the local interactional level the broader ongoing conversation (Gee 2005) concerning nursing's academic status and legitimacy. The aim was to elicit respondents' languages of legitimation (Maton 2000) as they attempted to account for themselves as nursing academics and/or for nursing as an academic discipline. These languages were then analysed as structuring and structured phenomena. The languages are structuring in that they perform building tasks that construct the field of contemporary academic nursing in Ireland. Having been brought into view as an object of analysis, this field may then be conceptualised and analysed as structured by particular settings of underlying legitimation principles; that is, as an effect of the legitimation device and the realisation of a particular legitimation code modality.

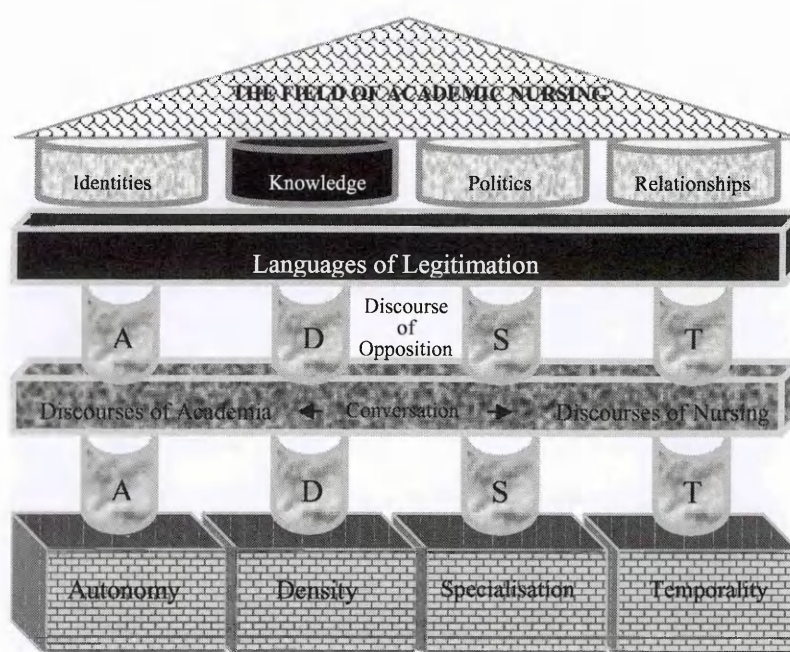


In this chapter, I focus on the following building tasks, which were performed by participants in and through their languages of legitimation:

- building significance for sign systems and knowledge; namely, a social language or symbolic and linguistic capital for professional and academic nursing;
- building politics (the distribution of social goods); that is, nursing's economic, social and cultural capital;
- building relationships to clinical practice, and with other agents within academic nursing;
- building identities, for themselves as nursing academics, and for nursing as an academic discipline.

In Chapter 6, the field of academic nursing in Ireland, as constructed by principals' languages of legitimation, is analysed as the empirical realisation of settings of the underlying structuring principles of autonomy, density, specialisation and temporality (Maton 2005).

Building significance for sign systems and knowledge



In responding to the repertoires comprising the discourse of opposition, the principal challenge facing respondents related to the identification and articulation of a recognisable academic discourse for nursing. The lack of symbolic and linguistic capital for academic nursing led to problems in communicating the nursing contribution to healthcare, in providing a properly higher and distinctively nursing education, and in establishing sustainable programmes of research into issues affecting nursing care delivery in contemporary health systems.

Articulating the nursing contribution to healthcare

The lack of a distinctive nursing language emerged as a major issue for respondents, and was believed to be connected to a failure to value nursing work: 'we actually don't value our contribution and we don't document it' (R1).¹⁹ Nurses will record other professionals' activities but not their own, perceiving their work to be somehow residual: they are 'the ones that do what it is nobody else would' (R6). This places nurses in a vulnerable position, without 'a strong political voice' (R15):

good nursing is only seen in the absence of it
and that's a big problem because it's very
difficult to visualise (R9).

Some attempts to formulate a theoretical discourse are regarded with suspicion, considered to have resulted in 'almost a pseudo knowledge around the practice of nursing' (R13) that 'nobody understands, that actually nobody finds relevant, and that nobody finds useful' (R1), and couched in language described as 'pressed', 'contrived' and 'dreadful' (R2). Such discourse is said to have 'stymied development, it hasn't totally subverted but it has stymied it' (R8). Nurses

ran with so many nursing theories and models
and people were making them up as quickly

¹⁹ R indicates respondent, numbers are used to distinguish between each of the sixteen respondents.

as they were publishing them, not an empirical foundation to any of them (R13).

Such theorising might provide certain nursing academics with ‘a little life belt to stay afloat in the academic whirlpool’ (R9) but it is unable to meet the needs of the discipline:

unless we tighten our act up we will be slowed down in our ability to grow the discipline I think what I mean by tightening our act up is we need to become much more careful and much more rigorous in the way we talk about certain things, the way we talk about certain concepts (R8).

Articulating ‘the substance of nursing’ requires that nursing academics ‘look at practice’ and

challenge the bits that we know is clearly unacceptable and help develop the elements that we think are important (R8).

To ‘talk and walk the lingo of other professions that have made it’ (R13), nurses need help to ‘articulate their day-to-day minutiae’ (R1) and to communicate clearly the areas where nursing care makes a demonstrable difference to patient outcomes.

A proper higher nursing education

Respondents were adamant that being ‘educated in the higher education establishment properly’ (R2) involves much more than the ‘dusting up’ (R2) and ‘transfer of what went on in schools of nursing into third level’ (R6), which many believe to be the current reality: ‘we’ve moved a venue that’s all’ (R15);

every single little fragment that was brought in from that already dysfunctional culture and re-embedded within the university structure, the sausage stuffing, the lack of confidence,

the fear of actually having students think
(R11).

Respondents' experience of undertaking university nursing education was that of 'a traditional hospital-based school of nursing superimposed in the university structure' resulting in an 'absolutely utterly soul-destroying experience' (R8) that must not be repeated.

There is a lack of recognition in some quarters that, rather than only 'preparing the nurse for service', the goal of higher education is 'preparing the nurse for life' (R6) and 'training people for society as much as we are training for secondary care' (R13). A proper higher education would mean that students

have been really taught to think, as in to conceptualise, how to think [] so that they're not just learning things off, they're learning how to think about ideas (R2).²⁰

The curriculum for undergraduate nursing, however, was described as 'a mixed bag to prepare somebody for practice' (R4) a 'Cadbury's chocolate box selection' (R11) with 'nothing missing only the kitchen sink' (R6) and no 'theoretical frameworks or even principles' (R6), resulting in a situation where students 'stagger in a bewildered haze from one class to another' (R5), unable to see the big picture:

I would be fairly sure that if you asked them what nursing was they couldn't tell you, and they would be disgruntled, and they would be upset, and they would be, you know, we do not deliver a quality course (R5).

Another respondent declared

²⁰ Square brackets [] in the data extracts indicate that material has been omitted. Omissions are for reasons of preserving anonymity or for the sake of brevity and ease of reading.

I think that's very peculiar, there's not one faculty member here who teaches students in clinical area, something's wrong (R2).

After 'three years four years of discovering that the academics were not going to do it' (R5), clinical tutors have had to be employed in a number of schools:

they're our saviour in that they're going to give the students the education that we should be giving them (R5).

But

how can you imbue and teach accountability and understanding of what a professional role is and how you protect the public and what actually are your professional responsibilities [] how can you imbue any of that if you decide to put yourself outside it having got there on the back of it? (R15).

Many postgraduate courses fail to respect clinical practice perhaps because 'we really don't know what we mean by academic in a context of practice' (R13). However, this

simply is not good enough if we're actually concerned to tease out and articulate the elements of good practice (R8).

Unfortunately, nursing academics are

not actually engaging sufficiently with practice to tease out what different levels of practice looks like and how you get there, and I think that's some of the hard work that has yet to be done (R8).

Another respondent asked of the curriculum: 'why isn't there more about nursing, is it because we don't know enough about it?' (R6).

Masters degrees in nursing do not adequately prepare nursing academics: 'to grow the discipline that kind of, that isn't an academic preparation' (R8). At doctoral level, many nursing PhDs were dismissed as 'just absolutely formulaic repetitious, nothing whatsoever to do with original innovative work' (R11). The situation whereby 'any nurse with a PhD would supervise any nursing graduate who wanted to do a PhD' is 'outrageous absolutely outrageous' and 'immoral' (R8)

because what you're absolutely not doing is providing the disciplinary skill that that person needs in the area in order to equip them to provide the correct supervision for their area down the line (R8).

To deny the importance of disciplinary specialisation is to thwart the production and reproduction of nursing's own academic community.

Nursing research

Much of the research and writing emanating from university schools of nursing is dismissed in uncompromising terms: 'it's not scholarship it's cut and paste' (R11) that

doesn't bear an iota of an inkling to nursing, it doesn't develop the body of nursing, it's something with a nursing tag, but it's not nursing [] there's the whole ethics about that, there are the whole ethics about that (R6);

I don't even know if they are concerned about what we're doing our research on as long as it's research (R9).

Many schools are populated by

a group of people whose only research field according to them is education [] and no thought or no wish to branch out in to clinical ones or anywhere that might be funding (R5).

Nursing academics' research efforts should be directed at

making it clearer what we do, you know, like going back to the pressure sores or to urinary incontinence [] to create a stronger base for the evidence, and it would be the evidence that's required for, in the old days, it's what we call basic nursing skills (R13).

This is a widely held view:

the only way we will be able to develop a strong foothold is by evidence-based practice by actually researching nursing, nursing care [] not just in terms of caring but in terms of economic factors looking at the advantages to society, to the patient, to the hospital (R7);

I don't think you're going to be able to develop a serious programme of funded research that doesn't relate to practice in some way (R2).

However, such focused programmes are thin on the ground:

what has not happened that nobody in the university sector has decided that they're going to put all of their eggs in particular baskets, develop their own level of expertise and research expertise and practice expertise (R15).

It's too easy

to do research on nurses, it's very easy to do research on you know ourselves and navel gaze and much of our research is about that, very little is done about, you know, practice and its outcomes, and its processes, and its systems (R12).

To establish credibility as a nursing academic

the only way you can do it is if your research is clinical and it somehow involves you going out and you're doing your research with and on together with patients (R5).

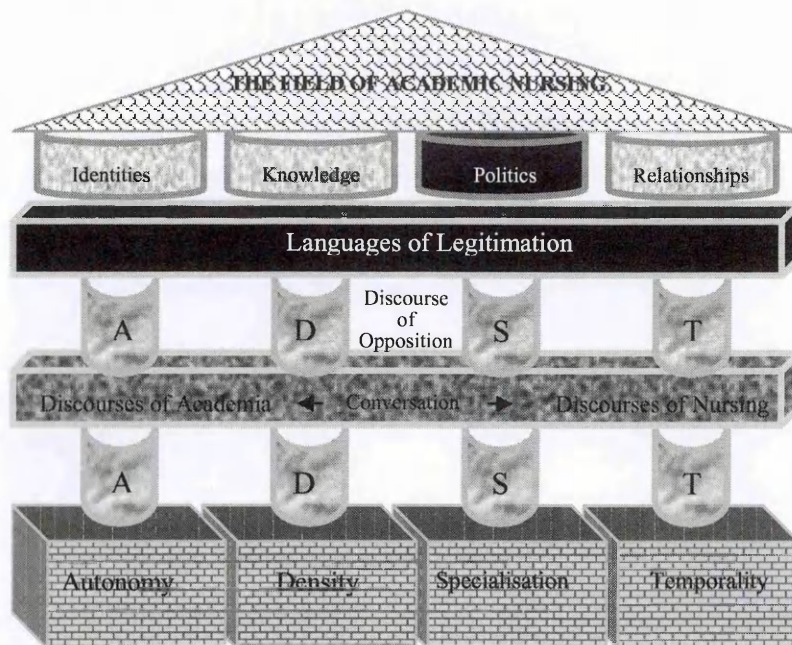
The onus is clearly on senior academic nurses

to demonstrate for example through outcomes and though research what they bring to the table (R16).

The way forward is to emulate schools in other countries such as one which has successfully

married into its practice base and has linked that with a research agenda and linked it into the education agenda and that is what we need to do, however we manage it, that is what we need to do (R8).

Building politics (the distribution of social goods)



Throughout the conversations, participants used language to construct and communicate their perspectives on two principal

categories of social goods: pay and status for nurses, and the delivery of quality nursing care.

Status and material reward

The profane, 'property aspects' (Bernstein, 1971, p. 213) behind nursing's entry to the academy, a 'sort of rather primitive drive' (R3) and 'a hidden sort of agenda of status' (R4), were acknowledged as significant. Graduate entry was seen as 'a status thing' and the nursing unions 'equated degrees with being able to negotiate a better salary' (R6). The role of the trade unions, particularly the Irish Nurses' Organisation (INO), in finally achieving graduate status was considered much more important than that of educators themselves:

Well, to be honest, I think it would have been coming from monetary gain, it would have been the unions [] trying to raise the status in inverted commas of nursing [] I'm not sure that the educationalists around, you know, put a convincing case, or did anything, you know, did that any of us that were involved at the time did anything that would have helped that I think it was coming from threatened strike action, and more money and more status and more everything, and university education was part and parcel of that (R5).

Degree-level status was considered an essential prerequisite to securing parity of esteem, pay and conditions with other health professionals in the context of benchmarking pay rates between the public and private sectors, and within the public sector. In the absence of considerable industrial unrest and favourable economic conditions,

we could forget for the next ten or twelve years absolutely forget it [] so it wasn't professional, I don't think myself it was a

professional ethos that drove it in terms of what I believe is necessary for nurses to look after the needs of patients in current climate. It was other factors I think that drove it (R14).

As part of this union-driven process, an agreement concerning the fate of nurse tutors was secured: a 'sweetheart deal' (R9). Nurse tutors were

seduced by the status of coming into the university [] that issue of status for them must have been such a clarion call such a siren call (R11).

Improved standing, pay and conditions are not, of course, illegitimate aspirations for any occupational group. It is the difficulty that nurses experience in articulating and demonstrating the 'added value' of graduate nurses for nursing care that leaves them vulnerable to accusations that status is their sole or primary motivation.

Nursing care

In countering such accusations, respondents invoked the idea that increased status will make it easier to advocate for patients and will give nurses

the confidence to care [] to disagree with problematical administrative decisions (R3);

I would hope the students will be more confident of their own ability, I would hope they would be better equipped to stand their ground, and to engage in interdisciplinary discussion, and to challenge the status quo in the hospital environment (R8).

At the same time, tinkering around 'with nursing education in the hopes that it will reform the health system' is 'a completely unrealistic expectation' (R8) but perhaps

the degree program will begin to create a culture within the nursing profession which allows the public debate round nursing and nursing care provision to be more than simply focused around pay and conditions (R8).

Another presumed benefit of degree programmes is that they will show

able bright young people that there is a really important career there and that they will get personal development as well as professional development (R8).

It is vital that nursing academics build the capacity

to articulate how we value caring and how we value re-building of health through caring work (R11).

This is unlikely to happen unless academics overcome their reluctance or inability to engage in clinical practice:

Maybe we will shoot ourselves in the foot if we allow that path to continue where we're avoiding patients, because we are avoiding patients (R7).

This is considered a 'mortal sin', 'really a serious, serious problem' 'that actually will contribute to the destruction of the profession' (R2):

here's a question for you why would the word clinical make nurses, nurse lecturers' hairs on their neck stand up, the word clinical [] because they are dead scared of it (R2);

it's conversations like this make me think I should get out of here and get back to the clinical area really (R5).

A key task for nursing academics is 'to understand and reconfigure what it is that they're about' because the problem is 'really with themselves you know it's really sort of doing a values clarification' (R15). The

critical debate that needs to happen within the academy is what do we understand by caring what do we understand by presence (R9).

This debate may help to reframe hitherto undervalued aspects of nursing care:

I hate the word basic nursing but looking at core nursing and beginning to value that [] basic non-nursing duties are the two worst phrases that were ever coined (R6);

one of the purposes of all of this third-level education should be really to enrich areas like that which have been neglected by our profession over the years (R13).

In order to enhance the quality of nursing care, nursing academics 'need to be able to describe that difference' in clinical practice between 'the distinction student, or a pass, or a merit' (R8). Clinical nurses need to ensure that they attend sufficiently to what they are leaving behind, taking on, and why, as they move along a 'hierarchy of tasks' (R12):

Well she's given up a lot and didn't see a lot wrong with it, or he didn't, when it was passed over, transferred over, and all the rest of it, and now is bellyaching, but I think that comes back to not knowing what is nursing and not having a value on what is nursing (R6);

I think the majority of nurses anyhow in this country are frustrated beyond belief because

they cannot nurse because they are doing technical stuff (R3);

Well there's no doubt that some nurses are quite willing and quite happy to take on some of the roles that doctors do currently because they see this as a status, they see it as enhanced status for themselves, they like doing those technical things (R7).

One respondent discerns a note of hypocrisy in the caring 'rhetoric' indulged in by some nursing academics:

I get it sort of you know rammed down my throat how valuable clinical is from fellow academics knowing full well [] that perhaps their valuing of it is as much a rhetoric [] I often think that that clinical is used a sort of an emotional device to beat academics over the head with (R12).

Yet, for most respondents, making a difference to clinical practice was the only grounds for legitimating academic nursing:

clinical practice is the core activity of our discipline as far as I'm concerned [] the base of growing a theory of nursing, or anything else, has got to come out of clinical practice (R8).

For those whose theoretical work has been taken up in practice, there are intrinsic rewards:

it's like wonderful because [] I can see from what they're saying that they'll attend to people different, they'll see people differently that will bring that element of nursing that's so important (R2).

Respondents differed regarding the contribution to nursing care of the recently introduced Advanced Nurse Practitioners (ANPs), who are prepared to Masters degree level. For one, ANPs are

a living breathing example of how education can help and improve nursing care and not take people away from the bedside (R5).

Some respondents are not so sure: 'are actually advanced practitioners are they pseudo doctors are they actually quasi medics?' (R1). One wonders why they are all located in 'critical care working as mini-doctors' (R3), while for another

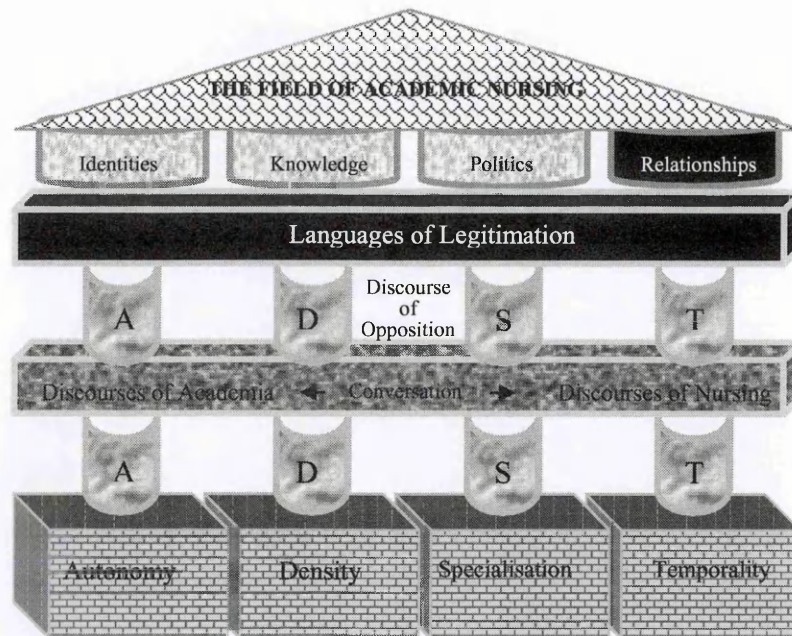
as far as I'm concerned they are becoming mini-doctors now I have to be terribly up front [] if I had to read [] another Masters for advanced nurse practitioner that was doing something with bones and nothing else but bones and bandages I said I was going to go daft [] I refused to correct or supervise any more I just couldn't bear it (R6).

This 'medicalisation thesis' is not accepted by those who believe that ANPs arose 'from a nursing model it is no attempt to medicalise nursing' (R13); yet, this same respondent wonders

why is there no advanced nurse practitioner in intellectual disability, in psychiatry, or in the elderly, they're all in acute injuries and accident and emergency (R13).

Building relationships

Participants used language to communicate the nature of two key relationships: relationships with clinical nursing, and relationships with former nurse tutors who transferred to academic posts in 2002.



Relationships with clinical nursing

Participants' language reveals ambivalence towards the clinical setting. It is at once feared and revered; feared as a damaging and disempowering influence on nursing students from which they need to be protected; yet revered as a key site for the acquisition of nursing knowledge and skills. Many nursing academics have fled from the clinical area never to return, but their very absence from these sites is impeding the production of clinical nursing knowledge.

The nature of the clinical environment is considered such that nurse educators are challenged to ensure that students

keep the questioning attitude and don't have it beaten out of them in the socialisation process out there (R5);

fifty percent of our students' time is spent in the culture of the health service and if that is a

damaging inappropriate culture it will damage our students and it will not necessarily produce the kind of practitioners that we say we want (R8);

what I'm hearing from the students is that they're constantly undermined by people within the clinical areas [] they have a good day when people treat them decently and humanely (R11).

Because there is 'something dreadfully insidious [] in the structures in this country' (R8),

we've objectified the self as nurses and I think when you see bad practice that's usually what happens, the nurses have been to survive for whatever reason has become totally objectified (R9).

This is bound up with nursing's history:

whether it was the Irish religious model, or whether it was the Nightingale model, both are militaristic models, they're both task-driven, it doesn't matter about the nurse as individual thinker, we don't even want the nurse as individual thinker [] it hasn't been able to shift that (R11).

Lack of role models in the clinical area is perceived as a problem:

the younger nurses will tell you what's wrong with the context out there at the moment is that the older ones don't give the care (R10).

There is a need to challenge aspects of the clinical environment:

don't come and tell me you want an empowered staff and then prevent everybody

doing what they want to do or prevent them articulating what their concerns are [] does our health service really want them and if they don't should we be producing them because it will damage a lot of those people basically (R8).

However, nursing academics are not best placed to address problems in an environment in which they lack credibility and are rarely seen:

I will still say to this day our lack of visibility in the clinical environment is an issue (R1).

Some younger nursing academics are believed to lack length and depth of clinical expertise as well as 'the recency of it' (R8):

it is a big, big worry that we have a lot of people who haven't really had a lot of experience in nursing [] you know, we don't have people who've actually muddied their feet in the clinical environment and learnt the messiness of it, or the messiness of doing research within the clinical environment (R9); what about the vast majority of current lecturers or a large body a large proportion of the current lecturers who have a clinical career that is [] at best cursory sort of dipping the toe in the water for a year or two or three and who can't really claim to have any expertise as a clinician; at worst, well, people they just sort of wanted to sort of get out of the clinical as quick as ever they could and the education was the route to do it, and so I think all that I've said would seem to suggest that they actually are redundant in the whole enterprise (R12).

Nursing academics may be reluctant to spend time in the clinical area because they

don't have an obsession with clinical settings, and you will notice certain people who are very clinically-oriented, they almost have an obsession with it, but in a way you have to have an obsession with it to keep it, there isn't emphasis on clinical (R2).

Such individuals cannot model clinical practice for nursing students:

how the people in the university are going to maintain their competence within a mainly practice-based profession when they have such a disconnect from the clinical area, I don't understand (R15).

The result is that

we may be undermining the clinical practice, I think we have to be careful that we're actually putting positive values on the people we have out there (R13);

we need to respect the people who've got a depth in clinical practice and we need to try and push that depth by getting them to look aspects or elements of that practice from the position of research and scholarship (R8).

Clinical nursing research will prove difficult if academics

don't have relationships in the clinical set up, if we don't do something about it will be to the detriment of nursing because the level of skills that any of the academics are going to have in five or ten years time is going to be very suspect, very suspect, and the contribution that they are going to be able

make at professional level is going to be particularly suspect (R15).

Another concern is

the number of Masters students that are being turned out and the greatest danger is they'll go back in to do things that they expect they shouldn't be doing or they shouldn't be at [] I think there's going to be a lot of unrest and frustration (R13).

Many Masters programmes haven't 'properly respected clinical skills' (R8):

I am absolutely upfrontly outraged with the clinical ones, including some of our own, that have not tried to really look at levels of practice [] there's no excuse for it going forward and if we don't we will be perpetuating the ragbag sort of stuff (R8).

Perhaps because of concerns about the quality of the clinical learning environment for undergraduates,

we've moved the last bastion of clinical teaching into the third-level sector so we have it in a skills, in a clinical skills lab [] but are we able to account in the same way for the level of learning that goes on in clinical sites [] I don't think we can demonstrate that (R13).

Speakers' self-positioning in relation to former nurse tutors

The academic habitus of nursing academics, particularly those who were assimilated to academic posts in 2002, emerges as a major concern for respondents: 'how many we would not have selected if we had the choice' (R7);

being quite honest there is a big proportion of them that would never in their own right have

got a position as a nurse academic – never (R6);

because of what's happened with the transition of nursing from the schools and the sweetheart deal that was done around it, we actually have a large number of people who are first-level thinkers, and maybe some second-level thinkers, we don't actually have a huge number of people who have that ability to think within that third-level academy (R9).

Some respondents believe that the lack of a critical mass of staff with sufficient amounts of legitimated capital is retarding nursing's development within the academy and fuelling negative perceptions from other academics:

I'm looking at mostly women in their 30s and 40s, got a long way to go to retirement, that's all a huge millstone around the schools of nursing and all this, the majority of their workforce coming from that background that is a huge problem (R11);

in some ways because they'd come across them in negotiations in schools, they didn't have a very high respect for them or for their thinking (R6);

then they meet one of our other colleagues who isn't doing research and isn't you know wanting to do research and is expressing that volubly [] and the word spreads out again: "Oh those nurses, you know, again, how do they get jobs etc. etc., no interview, no assessment, no anything" (R5).

Many nurse educators lacked an appreciation of what an academic career entailed: 'I don't think they totally appreciated what that meant' (R8);

I don't think we had a real sense of what being a graduate profession meant and what it implied [] educators themselves I think may not have sort of thought about, well, what will it be like to be educating an all-graduate profession and what will be involved [] will it be just educating in a different setting or will there be other issues and agendas like research (R12);

I really would not look forward to the next group coming in, more of the same, and that's what the university keeps saying to me: more of the same [] They never intended to come into the university to work, they didn't know what it was all about, they thought they did know but they thought it was the same as what they were doing, now, of course, they find out it is not, it is totally different and I don't think that, some have, but I don't think that that many of them are that committed (R7).

As a result,

I still think there is a lot of shell-shocked people around the third-level system [] I would imagine if somebody dared do a survey that they would find great unrest and great discomfort and great unhappiness amongst the people who have stepped from the traditional role of a tutor into third level (R13).

Others spoke of finding 'it hard to justify their existence' (R5) and of staff being underqualified on appointment:

)

in the health care environment, to be perfectly
frank, a Masters degree was nearly the top of
) the pile; in the university sector it's the very
beginning and a step before the beginning for
most normal academics (R8);

)

with a scattering, with a modicum, with a bit
here and a bit there of degrees, diplomas,
) this's and that's, they have no sense of
coherence around their own intellectual
) capacities (R11).

Some were more optimistic about a minority of their colleagues:

)

there are bright people there, some of them
) will cop on and survive, others will never and
they end up teaching the same thing, or very
) much the same thing, and not really
developing as people at all (R6);

)

ten or twelve who are soaring ahead they're
) taking that in their stride they're actually
enjoying it, they're going: "Yeah I can I can
do this" (R5);

)

some of them will carve out good academic
) careers and will become, will be good
academics because they are probably good
) thinkers and good teachers and will become
good researchers with good training so it's not
) that they have nothing to offer, it's just that
some of them will struggle in that (R12).

)

The 'good training' referred to above is significant because
) these extracts imply that nursing's academic and theoretical
discourse has failed to provide graduates with the symbolic and
) linguistic capital necessary to realise legitimate practices and
habitués in higher education. One respondent is clear that

many Masters degrees were introduced for profane, instrumental reasons:

I think a lot of our taught Masters programs have come about, if you like, because of reactions to certain things, so the writing was on the wall a few years ago that nursing was moving into the university sector and you had to have at least a Masters degree to be employed (R8).

However, as currently structured, these degrees do not offer a basis for an academic nursing career:

many of my staff would have come through that preparation and that's fine, they're equipped to teach, they are not equipped as a scholar in the discipline and therefore they have to start their preparation (R8);

they need help now. I think anybody coming in to a new discipline within the university needs help [] and I think we need to continue to help people for a long time (R10).

Yet for some

no matter what supports and what help and what anything else, they are miserable, you know, so maybe they're a fish out of water (R5);

it was a great shock to them they coasted along we tried to integrate them, we gave them development programs, we did everything, I believe, everything we could, but it's a big shock and some of them don't want to make that extra leap, to be honest they don't (R7).

If status and salary were the carrots to entice people into the academy, there is a conviction that a stick is also needed:

just like anybody else needs to retrain themselves, if we really mean it now this sort of change needs really directive leadership, strong directive leadership and people can be given every opportunity to focus in on nursing but if they don't want to do that then, then better for them not to stay (R2);

there is an absolute requirement for these people to engage in the university environment and if they don't there is an absolute onus on those of us who are in leadership positions to prevent them progressing (R8).

Nursing academics need to be 'challenged' and 'forced' 'out of their comfort area' (R8). As already discussed, the need to engage with and theorise clinical practice is identified as a key challenge, but there is less indication of how this might be achieved in concrete terms. Given the relative immaturity of academic nursing in Ireland, one solution is to 'mix the disciplines' within university schools of nursing:

I would not have had a policy as head of school of only employing people from a nursing preparation background, I would have carefully mixed the disciplines to make sure that we were being forced to live up to the role we had taken on us in moving into academia [] one of my reservations about having a school of nursing purely populated by people who only have academic training in nursing [] the people were not up to it (R8).

Others are opposed to such a strategy:

well I wouldn't agree with populating it with people from other disciplines because then you lose it all for nursing (R10);

the concept of somebody being parachuted in from another discipline I am not too, I'm not too clear why that should be [] we're undermining professional nursing if we just take in people with pure disciplinary-based knowledge [] there's something not right about that in my view (R13);

they should be nurses and I think nurses should learn other things in other schools; that is, if they're going to have a philosophy course [] they go to the area in the university that specialises in whatever and so that yes they all should be nurses [] and they should have their degrees in nursing (R2).

Summary: knowledge, politics and relationships

To what extent, and in what ways, do respondents unravel or reinforce the various threads woven into the argumentative texture of the wider conversation as they attempt to establish their own and nursing's academic legitimacy? The 'bedpans and brooms' repertoire was recognised and regularly encountered in the course of respondents' professional and personal lives; for example,

You know you could be at a wedding and someone, say, start the conversation about they shouldn't be in the university, nurses (R4);

This is a comment that I hear very, very often, I hear it not just here on the phone, I heard it today [] there are many people who do not believe that nursing should be in the university at all [] again it's total ignorance (R7).

Rather than being rejected as contaminating, many of the 'so-called menial tasks' (R5) relating to bodily care invoked by this

repertoire need to be revalorised, reframed and researched; that is, recontextualised within a theoretical nursing discourse:

we should be in there doing the body things, the menial things in inverted commas [] so what is nursing knowledge? Nursing knowledge is knowing, knowing how to give a bedpan properly that you don't tear somebody's skin when they're elderly and the skin is weak (R5).

The absence of a discourse within which such work can be located and valorised contributes to its devaluation and rejection:

nurses need to understand and reconfigure what it is that they're about, but if you thought that every morning, that you were coming and you were just doing twenty task-based things well then you will feel very burnt out, very quickly (R15).

In seeking to reframe nursing work, and to represent it as a key social good, the power and enduring appeal of elements of the 'veils, vows and virtue' script are evident:

I know that it sounds old- fashioned and all the rest of it, it's rooted in some notion of vocationalism, I suppose in some respect (R15);

I think there is an element of a degree of vocation, whatever that means, but the vocation means that you're drawn because of wanting to reach out to other but getting something as a consequence of that, and acknowledging that the getting something as a consequence of it is fundamental to you staying in it (R9);

I actually think part of the continuous thread for nursing as for medicine is in the values base of the discipline (R8).

In seeking to articulate the mission and values base of nursing, the virtue script was updated, revalorised and recontextualised, using language characteristic of the nursing science repertoire:

humanistic sympathetic interaction with those who are ill and vulnerable (R8);

journeying with somebody along this illness trajectory (R15);

help in its broadest sense like you know tied in with presencing and comforting (R10);

the essence of what we do is about understanding what care and presence is about (R9);

it's the moments when you are alone with the patient when nobody else is there that you get the opportunities in nursing care to give what nursing care nurses can give and it's very deeply of themselves is probably the only way you can describe it (R5).

Knowledge of biological sciences and technical skills are important:

there's not much point in having a good caring person if you're haemorrhaging and you haven't got a nurse who can see the symptoms and understand what is happening (R7);

you'd better be on, you know, spot on with picking up changes in respirations, and, you know, any downturn in a person's condition,

that's a physiological phenomenon, you've gotta know that (R2).

However, the biological knowledge required should be delivered by disciplinary specialists:

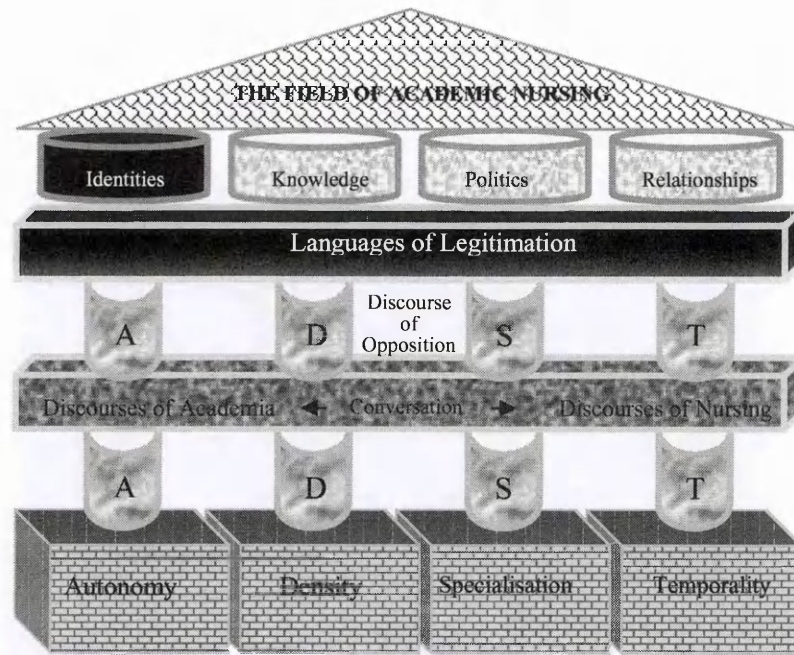
you have statistics for nurses, physiology for nurses, this for nurses, that for nurses when really they need to be thrown out into the into the big wide world and take their physics and sciences and biology courses in those departments not in a nursing school, that's not what nursing teaches (R2).

Technical skills, while important, are secondary, trim not core:

we do need technical skills [] but sure I could bring in a health-care assistant, I could teach them to give an IV, but that's not what's it's about (R6).

It is in attempting to formulate a language that articulates what professional nursing is about and what nursing academics should teach – and research – that respondents experience and acknowledge most difficulty. This makes it difficult for them to counter the 'discipline manqué' repertoire; indeed, this repertoire is reinforced rather than unpicked by respondents. Former nurse tutors, now employed as academics, and who, it should not be forgotten, are mostly graduates of Irish university nursing schools, perhaps embody the failure of academic nursing to provide the symbolic and linguistic capital with which to realise academic identities, and on which to base academic careers. Their positioning as Other perhaps works to mask the failures of Irish academic nursing to date. Against this background, how do the respondents in this study realise their own academic identities? It is to this building task that I now turn.

Building an academic nursing identity



The argumentative context of the conversational format through which the data were elicited ensured that issues of identity, knowledge, values and obligations remained salient as each principal in Irish nursing sought to enact their own identity, and/or that of nursing as an academic discipline.

Some respondents admitted to possessing fragile or weak academic habituses:

I'd personally find to put on a course with nothing in it but nursing, I'd be challenged because our knowledge, my own personal knowledge of that isn't further internalised or developed [] nurses themselves don't see nursing as nursing, they see it as second-rate [] we don't even try to grasp it or even grasp what is like (R6);

I wouldn't deem myself an academic [] I came into academia, but I don't know why, if I was just in awe of other people with a finer mind [] I think that we have gone on a journey to try and actually find what we're

about and I think the journey has been very difficult [] what the issue is for me is that I actually can't find what I always did was actually nursing (R1);

I do sometimes feel like a little nurse, you know, running around college [] I do think we're still struggling, you know, as nurses I think with our academic base [] we haven't fully got there (R4);

I'm not so sure what nursing is any more to be honest with you [] I would agree that we're in the right place; we're doing the wrong thing? I don't know if I would say we're doing the wrong thing as much as we don't know what we're doing. I think we haven't yet defined what it is (R9).

For those respondents who expressed most confidence in their personal identities as academics, this derived from their disciplinary training outside academic nursing; for example,

I actually have my academic preparation in another discipline. I have gained hugely from it but I've constantly integrated that back into nursing [] I think it's the one of the best things I've ever done because it allows me look at practice in a very different way I think than had I stayed entirely embedded in nursing [] my own academic training [] gives you a good basis to look at structures, to look at theory, to look at argument development, to look at concepts, and why we need to tighten up, why loose use of concepts can cause confusion and all the rest (R8).

In cases where the discourse of nursing science grounded respondents' academic identities, it was also regarded as essential for students' nursing identities:

so that that students are very clear on what nursing was and that they would learn to relate to themselves in that way; that is, that they would be taking on the cloak of the discipline, they'd be taking on a certain view of, they would be taking on the mantle of a nurse [] in a way what you're doing is you're giving them a template of nursing (R2);

I'd say we've got a lot of theoretical sort of material there that you can expose nurses to in terms of philosophical sort of underpinnings of nursing, you've got the conceptual models and it's interesting here that when we teach those, nurses like them [] I had a Masters student who [] was really grasping with her whole concept around (topic) and I said why don't you look at Jackie Fawcett's stuff [] and see in some way will it give you a model to hang the research on, totally in touch she's totally in touch, she found that it was at one with her own thinking (R10).

However, in common with all other respondents, these academics admitted that this potential source of academic nursing capital was not available to most nursing academics:

I think maybe this is something that's wrong with some of the nurses who have moved in into academia, they have never studied nursing [] they don't know how to teach nursing, you know, from a philosophical perspective [] we can't do it unless the academics know it (R10);

the big problem is that we have nurses in the university considering themselves nurse academics who don't have an iota of education, higher education in nursing, tell me how that makes sense? (R2).

For some, this was no bad thing because nursing's putative singular, as currently formulated, was rejected as the basis of an academic nursing career:

some of the American models of they were so [] pedantic in a way, they were really, I suppose what I would use is they were extremely descriptive without necessarily giving me a tool for an analysis that I always wanted (R9).

Other respondents believed that this perception has to do with lack of familiarity and serious engagement with these theorists; for example,

I think conceptual models and theories of nursing that are in that vein have something to contribute [] we've got to stage where we've developed these theories [] and sort of had some stab at using them, but we haven't got beyond that to application and development [] some limited testing of them, but also, we haven't, we haven't critiqued them (R4);

there should be a body of nursing knowledge, like some people I know that say it hasn't been discovered yet. I think that's a daft idea but I think it's there and nurses have trouble articulating it and then when it is articulated coming to some agreement about sticking with it (R2);

I have to say one thing prior to my own studies [] my understanding of nursing theory was I wouldn't call it highly suspect but [] because I hadn't utilised models and exhausted the utilisation of finding one that was appropriate to my needs (R1).

Regardless of views on the ability of nursing's current theoretical discourse to furnish legitimate symbolic and linguistic capital, there was unanimity that some form of distinctive theoretical nursing discourse was required to sustain an academic habitus; for example,

we are a boundary discipline but we don't need to be on the boundary of everybody else's discipline, to allow another discipline to become the central focus [] we need to use the boundary disciplines in a way that inform nursing and nursing is to be that central focus (R15);

I think frameworks are necessary because they give coherence and they assist in developing an analytical, I suppose, approach but I don't think we're at that stage yet (R16);

unless you're married to a totally essentialist view of language then in effect concepts take their meaning from the theoretical framework you're working with and unless we actually think about what that theoretical framework, what we mean by a theory of nursing, what it looks like, what it involves, we cannot legitimately talk about a concept analysis of caring, or comfort, or advocacy, or anything else, and I think that's where we need to spend a lot more (R8).

This is needed for pragmatic reasons too:

I do believe in conceptual frameworks and theories of nursing, Jackie Fawcett, God bless her, I mean she does go to extreme at times but I do think that there must be, I mean theoretically there must be a body of knowledge of nursing, otherwise what are we doing here? (R2);

disciplines to think about themselves must have a point of reference [] why would you exist at all if you were not distinct and why would you call yourself this discipline in a university, why would you have nursing, why would you profess it, and why would you do research in it if you weren't distinctive, so it does matter, and it matters not because you might be ever shut down, but that might in fact be the ultimate if you like outcome of that [] in certain circumstances, in certain institutions that were restructuring, and in institutions where nursing did not have a strong disciplinary identity, or had not articulated it's identity [] it could happen in those situations where nurses were hidden, and where restructuring took place that [] they would be subsumed (R12);

if nothing else, we have got to learn not to repeat what happened in (x) because I think it is death and we look the oldest department in (y) is in (x) that department tragically is in demise because it did not take research and scholarship seriously (R8).

In the absence of a recognised and acceptable theoretical nursing discourse, and, given the relative immaturity of academic nursing in Ireland, averting disciplinary stagnation and

extinction requires the intellectual stimulus and support of other disciplines:

until we have further development in the discipline, and it becomes a normal part of discourse we do need to actually pull in concepts or methods or frameworks from other disciplines to help us reflecting on our own and I have no bones about that. I don't think that's a problem, I think what would be a problem is if in a hundred years' time we're still doing the same thing (R8).

To help negotiate what 'are quite often very painful transformative experiences' (R11) nursing academics must

build that intellectual formation by hook or by crook so that they can make sense of what they have been through (R11).

To do this, they should

go and do a Masters, not in education theory, I'd have to say, in anthropology, in critical social theory, in sociology, in philosophy. I'd want them to go and begin to get the tools of thinking in place, that's what I'd want them to do (R11).

The lack of symbolic and linguistic capital severely compromises the academic habitus of nursing academics, and the legitimacy of academic nursing:

I see one deeply dysfunctional culture backed on to another deeply dysfunctional culture and the first one, namely, nursing, absolutely insecure about an identity which it cannot pin down in the academy, is utterly lost (R11);

I don't see in the literature another group that are actually doing, it's this eclectic mix as much as we are [] no wonder we don't feel quite right, we haven't got one single thing to actually [] bed ourselves down (R4);

I think we're too young in the academy to actually be subsumed, and we need to hold on to some kind of sense of belonging (R9).

Conclusions

The collective consensus is clear: the linguistic and symbolic capital that academic nursing discourse currently provides is unable to meet the needs of nursing academics and practitioners. For all respondents, this is due to the failure of academic nursing to seriously engage with nursing practice in a meaningful way. For some, it is attributed to a lack of exposure to, and serious engagement with, the singular of nursing science, resulting in an unchallenged, untested and, consequently, impoverished theoretical discourse, and a stagnant, underdeveloped academic field. For most, however, the problem lies in the very nature of the singular itself; its low grammaticality means that it cannot conceptually grasp the reality of nursing practice, and its low verticality renders it incapable of driving knowledge progression in the discipline.

The underlying structure of the field of academic nursing in Ireland, as reconstructed from the languages of legitimization of its principals, may be further analysed in terms of the legitimization device. In terms of the legitimization principles, what is brought into focus is a field structured by relatively low autonomy, lacking both epistemic and social power, and high density, being populated by agents of widely differing abilities and disciplinary backgrounds, capable of achieving a critical mass of neither knowledge nor knower specialisation in the field.

The relative immaturity of academic nursing in Ireland is invoked to account for this state of affairs. Agents look back to the values of a liberal higher education and seek to revalorise selected and cherished aspects of nursing's past by theorising and recontextualising them within a humanist discourse: neo-retrospective temporality. At the same time, they institute strong temporal demarcation from aspects of the past considered dysfunctional. From this temporal location, technological advances in medicine, and market-driven health and higher education reforms, are considered to threaten much that is held sacred by nurses. The discourse of nursing science foregrounds and protects the values base of the discipline, especially the presumed special relationship between nurse and patient.

Others assume a more prospective stance: academic nursing must shift its gaze outwards and to the future; not to uncritically embrace technological advances and neo-liberal reforms, but, rather, to confer the capacity to respond to and cope with them. However, insulated and removed from the realities of clinical practice, and without the requisite symbolic and linguistic capital to realise legitimate practices in academia, academic nursing appears to lack both the nursing and academic capital with which to realise a habitus that is recognised as credible and legitimate by their nursing and academic colleagues.

This dilemma constitutes a fault line that goes to the heart of the identity of nursing academics and academic nursing. The potential impact of proposals to resolve the dilemma, such as the importation of disciplinary expertise, cannot be fully evaluated without a way of conceptualising the field in its totality, which takes account of its form, as structured by the underlying principles of autonomy, density, specialisation and temporality. In the next and final chapter, these dimensions of the field of academic nursing in Ireland are considered in more detail. This allows the feasibility and implications of agents' proposals for the production and reproduction of a viable academic nursing

community to be evaluated more fully, and their implications for policy and practice in academic nursing to be considered more critically.

Chapter 6

The underlying structure of academic nursing in Ireland and its structuring significance for the field: autonomy, density, specialisation and temporality

nursing would obviously like to have more status and all that kind of a thing but it never happens, nursing doesn't have that kind of power in our society, it simply doesn't have that kind of authority, the only reason it gets taken into the university in the end is because it suits other power brokers.

Respondent 11.

the pressures are too strong, or there's not enough support in the university for nurses, nurses themselves, there's too few of us, too few at this level. I think we're under great threat in this university [] I think we haven't got enough professors to, enough senior people to make a difference.

Respondent 7.

it's important that the nurse be able to maintain a certain, a certain attitude, be able to have certain qualities and characteristics that that relate to the nurse's ability to be a nurse so, and from that point of view, I could see research on nurses, or, in as much as it's a very important, I think the nurse uses himself or herself as a therapeutic instrument and in practice, so it's important that that instrument be in good shape.

Respondent 2.

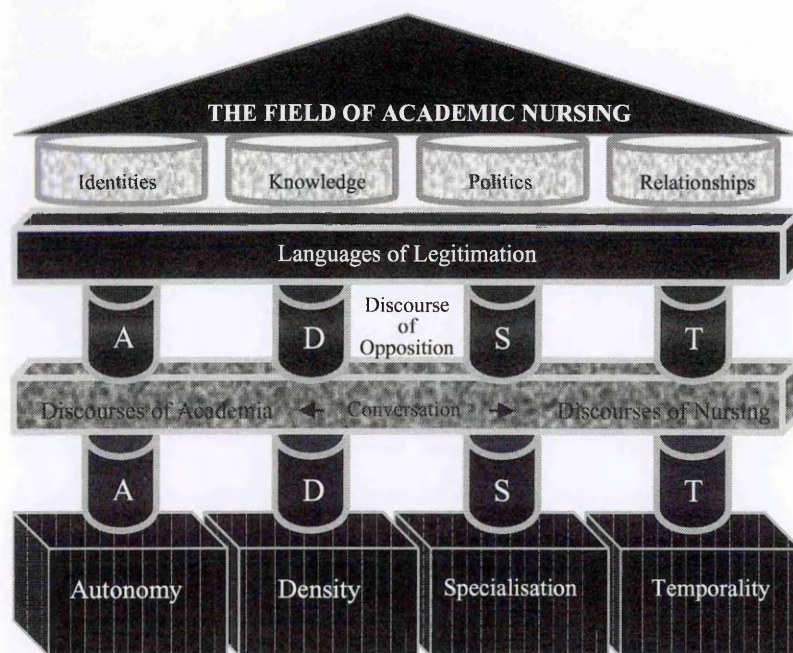
I think the problem we have at the moment is that we are in such an early stage of disciplinary development that we haven't really articulated that across the board particularly well, now that is partly a time issue.

Respondent 8.

Introduction

In this study, views on the current state of Irish academic nursing were obtained by engaging its key agents in conversations that took place against an argumentative discursive backdrop, constructed from indicative exemplars of the discourse of opposition. The aim was to elicit principals' languages of legitimation, and to analyse them as structuring phenomena in terms of four of Gee's building tasks of language (Gee 2005) (Chapter 5). The resulting structure is conceptualised as a field: the field of Irish academic nursing, theoretically reconstituted in its historical moment from the representations of its key agents.

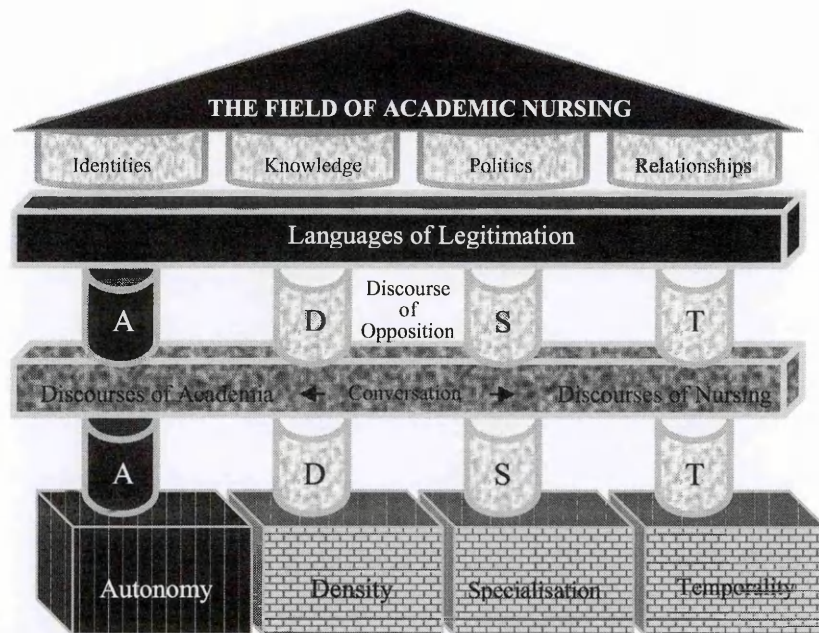
Agents' languages of legitimation may be conceptualised as the realisation of the legitimation code modalities structuring their fields of practice. The code modalities governing the determinants of legitimacy in intellectual fields are conceptualised as being regulated by legitimation principles, whose settings are generated by the legitimation device (Maton 2005) (figure 2.3). In and through their languages of legitimation, agents proclaim what they take to be legitimate practices, forms of capital and habituses in the field of academic nursing. The theory of the legitimation device enables academic nursing to be constituted as an object of analysis; that is, as a field structured by underlying principles: the legitimation principles of autonomy, density, specialisation and temporality.



In this chapter, I analyse the field of contemporary Irish academic nursing in terms of these four legitimation principles. I consider the implications of the current structure of the field for the current status and future trajectory of academic nursing in Ireland, and evaluate the implications for policy and practice of agents' proposals for the future development of the field. I conclude by considering the delimitations and possible limitations of the study, together with some of the possible directions for future research suggested by it.

The current structure of the field of academic nursing in Ireland

Autonomy



Academic nursing in Ireland currently experiences relatively low autonomy from sources of power and control originating outside the academic arena; a characteristic of the non-U code. In terms of the positional and relational dimensions of autonomy proposed by Maton (2005), analysis reveals a field with weak external boundaries (PA-), particularly susceptible to outside influences (RA-); for example,

policy makers couldn't give a hang, they couldn't give a monkey's where nurses drop from, they just want them to drop where they need them in terms of the running of their services and their time, they don't care about their identification or their whatever whatever whatever, they couldn't give a monkey's about it (R11).

As the intellectual dimension of a professional practice discipline, academic nursing cannot insulate itself from nursing practice; nursing academics must keep 'right in front of them the people that are being served here' (R2). Theorising and

researching nursing practice, and the factors that shape it, is academic nursing's *raison d'être*; both nurses' and patients' experiences must be brought into academia:

I try my best to get the students to be sensitive and to bring the people who are sick or who are in need of nursing service into the classroom (R2).

Higher positional autonomy is, however, sought from dependent and subordinate enactments of nursing practice, and from influences beyond nursing that seek to determine the form and substance of nursing education:

the problem for us is we still haven't moved out of this notion of subordinate, I don't think we have, so we actually have to, you know, please the environment and then where is our education and our, you know, the progression of our knowledge actually is just a side line (R1);

it's absolutely disgraceful, and the thought of people haven't a screed of information, or knowledge about education, can dictate how a program should be run is just anathema to me.

I think it's appalling (R5).

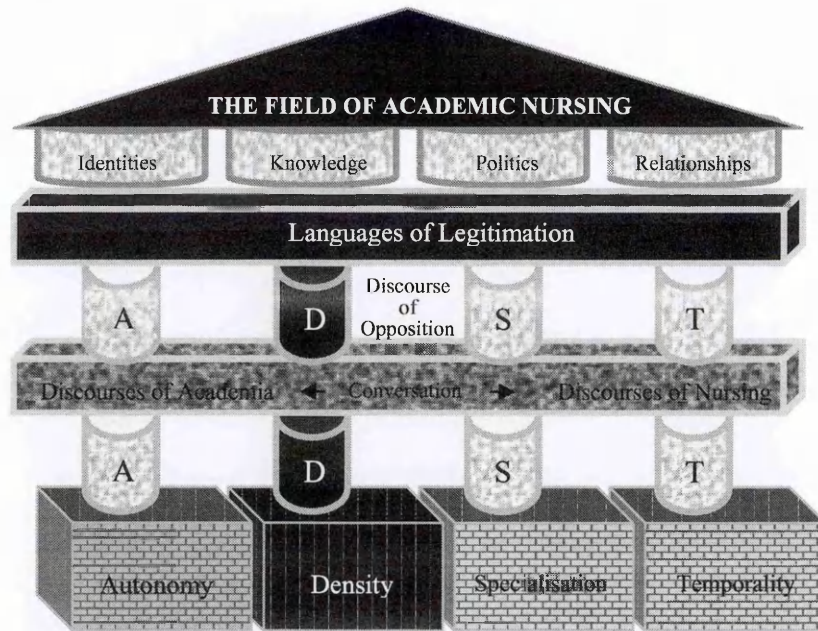
Higher positional autonomy requires more relational autonomy (RA+) than nursing academics currently enjoy. Without relational autonomy, 'what they are reproducing is subservience', 'active disablement of themselves' (R11) and 'compliant practitioners' with 'no ability to challenge' the status quo (R8). Educating a nurse who will be 'a more formidable representative of their professional group, and of the service that they are responsible to provide' (R2) necessitates distancing academic nursing from short-term, utilitarian and instrumental ideas of education, geared to the minimal preparation of practitioners for an assumed practice (Betts 2006a).

The underpinning values, proper scope and potential of nursing care will be clarified only if nursing academics engage with practice, and interrogate it with the help of the discourses of other disciplinary fields. In this study, the humanities disciplines, chiefly philosophy and history, and, to a lesser extent, the social sciences disciplines, mainly sociology, were considered to offer the resources of argumentation, the analytic and conceptual tools, which much of nursing's theoretical discourse is considered to lack; for example,

I do have a particularly jaundiced about some of the early theoretical work that came out of the States, not because it wasn't well intentioned, but I think it was misguided and, partly, it may have been before its time [] there was an attempt to pull [] from disciplines which use a very overarching scheme that nurses couldn't link with (R8).

To elaborate an integrated theoretical nursing discourse with sufficient grammaticality to gain a conceptual purchase on nursing practice, and with sufficient verticality to allow cumulative theory building, Irish academic nursing requires integrated and cohesive communities of nursing scholars with two key attributes: disciplinary specialisation and clinical expertise. The principles of density and specialisation are at issue here.

Density



Concerns about many nurse educators' practices, cultural capital and habituses, and about content-saturated curricula, reveal a field currently structured by relatively high material and moral density (MaD+, MoD+), again a characteristic of the non-U code. Respondents repeatedly expressed worries about large class sizes and low staff to student ratios (MaD+):

I'd have smaller classes really the priority and when they come in I would start from the base: "Why are you here?" (R6);

there is no conceivable way that you can expect academic staff, academic nursing staff to carry a real practice link or a real practice remit [] because they cannot do that, do their teaching and try to grow their research agenda altogether with those kinds of ratios (R8).

High moral density (MoD+) results from the diverse habituses and practices of members of the field, and the consequent lack of sufficiently integrated cohorts of academic leaders, scholars, researchers and practitioners, focused on specific domains of inquiry:

there's an awful lot of them in there that are not able to cope at all [] if things weren't the way they were they wouldn't have looked for another job, never mind going into third level (R6);

the lack of leadership, that's the one thing I think that in nursing in Ireland, there is very little leadership, I feel that for a long time [] some of our leaders have not had that energising debate through the university system that say other disciplines have had (R9).

A shift towards lower material and moral density (MaD-, MoD-) is considered essential. This is evident from repeated calls for integration: curricular integration through concept-based curricula; elaboration and articulation of an integrated theoretical nursing discourse; integration of students and staff into the culture of the university; and, crucially, integration of academia and practice through joint appointments at the most senior levels of academia and service. Calls for conceptual coherence and values clarification demonstrate a desire for lower moral density; for example,

we need to become much more careful and much more rigorous [] what we mean by x, why we mean that within the discipline and what we mean by theories of nursing and how they evolve (R8);

we also need to identify the values, the behaviours that best shape this emerging role of the nurse into the future, so we need to look at our value system, make sure that doesn't slip, make sure that we identify clearly what the values of the nurse are and what we're going to need in the future (R7).

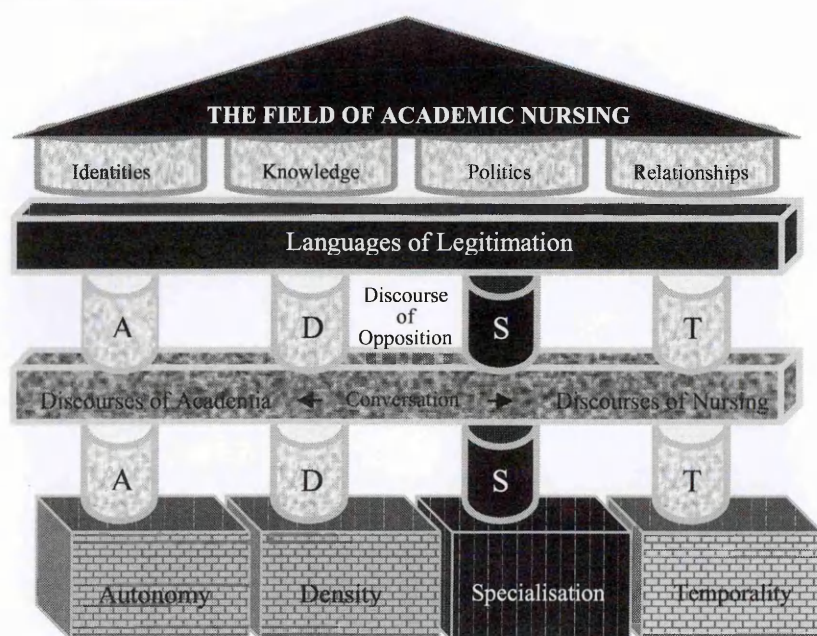
‘Reframing’ and ‘writing a new narrative about what nursing is’ (R7) requires symbolic capital. Hashem (2007) has usefully conceptualised symbolic capital as ‘academic resourcefulness’: ‘the field’s level of academic generative capacity and its prestige or access to status positions’ (Hashem 2007, p. 198).

Academic resourcefulness is crucial since it provides the basic stock of knowledge upon which the emerging field establishes its claim to expertise. The more an area of knowledge is elaborate, the more there is a chance that a sub-area can be assembled as a stand-alone field with enough abstract *and* applied principles that meet the standards of higher education and deserve recognition.

(Hashem 2007, p. 187; original emphasis).

Accumulating the symbolic capital necessary to develop a stable and integrated academic core undoubtedly requires time, as all respondents recognise, but also raises an issue that goes to the heart of what it means to be an academic discipline: specialisation.

Specialisation



As currently structured, Irish academic nursing occupies a position which is uncomfortably close to the relativist setting of the specialisation principle (ER-, SR-). This provocative and challenging finding paints an uncompromising picture of a field with a weak academic core. It is difficult to deny that respondents' collective construction is of a field currently characterised by both horizontal knower (SR-) and knowledge (ER-) structures, possessing neither sufficient specialised knowers, nor an identifiable, specialised body of knowledge. In other words, the field lacks a critical mass of speakers of a distinctive language.

The language used to describe many nurse educators, particularly, though not exclusively, former nurse tutors assimilated to academic positions in 2002, indicates the problems of knower disposition:

your problem is the nurse tutors [] their
insecurities in coming into the university
they're not relating to the rest of the
university [] it's clear lack of confidence []
you must see this endless, endless obsession
with papers and protocols and processes []
when have you met a nurse colleague who in
the last year [] her or his work's taken her to
the point where she has had to read, or he has
had to read, a book which actually has left
them completely at sea, which has left them
absolutely almost as if their breath has been
knocked out of them [] highly unlikely
because they're probably writing bloody
module descriptors [] I've never seen such a
wanton squandering of time and energy
(R11).

Academic nursing in Ireland does not yet possess the differentiated, coherent, systematic and shared conceptual

language necessary to establish and sustain a 'community of arguers' (Bridges 2006, p. 264), engaged in rule-governed systems of enquiry into phenomena of relevance to the delivery of quality nursing care. In Bridges' (2006) terms, Irish academic nursing lacks 'the discipline of the discipline' (p. 259) that characterises both hierarchical knowledge (ER+) and knower (SR+) structures (Maton 2006, 2007). Many respondents believe that this is due to lack of familiarity and failure to engage with the discourse of 'nursing science', whereas others doubt the capacity of this discourse, in its current state of development, to serve nursing's epistemological project. Regardless of their views regarding the success to date of attempts to elaborate a distinctive academic nursing discourse, all respondents agree that the

conditions for both the production and validation of research require communities of arguers, enquirers and critics – and a condition for the possibility of such communities of arguers is their sharing in a common language and their shared recognition and reference to some common rules of ... intellectual and creative behaviour. (Bridges 2006, pp. 264-5).

The need for specialisation was recognised by all respondents; for example,

I think you can contribute much more effectively in an interdisciplinary way if you have a confidence in what in what it is you're contributing from (R8);

nurse tutors had traditionally been generalists
[] I think they continued in university to be very generalist teachers [] especially if we are in a college that's all about, it's all about

specialist, specialisation, so I think people
can't be Jack of all Trades (R4).

One respondent spoke of an overseas programme in which a
nursing model provided a conceptual 'home' such that nursing
concerns were primary, and other disciplinary inputs were cast
as secondary 'visitors', inverting the usual state of affairs:

what drove it was the actual model which I
thought was a very interesting way of doing it
[] it was very, very well done so in fact
actually [] it was like as if we weren't the
guest, in fact, the others were the guest, so I
thought that was very interesting for once
actually, we weren't, actually, you know, the
visitor (R1).

Maton (2006, 2007) invites us to analyse the bases of
specialisation in academia: knowledge (ER+), as in the natural
sciences, or knowers (SR+), as in the humanities. It is apparent
from this study that the key players in Irish nursing currently
aspire to an academic discourse with a hierarchical knower
structure (ER-, SR+), characteristic of the U-code that
traditionally underpinned higher education. This is evident from
the way in which the cultivation of the person of the nurse and
the nurse-patient relationship is emphasised. The nurse emerges
as above all a knower: an expert in subjectivities, analysing her
own and her patients' experiences by means of the discourses of
the humanities:

so that they are educated people, so that
would, that's important, that's an important in
broadening perspective and understanding
society, so that they would know the great
thinkers and their main philosophical schools
of philosophy over the ages – it's Newman's
idea of a liberal education (R2);

there is probably something individual about our relationship with the patient which is superior to the actual care that we give and it's about the nurses, the one individual that knows the patient, knows [] where the patient comes from, knows what the patient's work is, knows the family, knows what their worries (R14);

it's rooted in a caring relationship that has a transformational objective and to help somebody journey within sort of healthness, health and illness continuum (R15).

These views support the outcomes of historical and philosophical enquiries into nursing, such as Meehan's (2003) work on 'careful nursing', and Whelton's (2002) Aristotelian analysis of the structure of nursing practice, which concludes

the nurse is not the one who does the acts nurses do, but the one who performs them in the way a nurse would. This would lead one to think the uniqueness of nursing is within the individual and not within particular activities or duties.

(Whelton 2002, p. 204).

When disciplines with more hierarchical knowledge structures (ER+) figure in respondents' talk, their systems of enquiry are seen as having to be imported, rather than acquired by nursing academics themselves:

we have a biochemist who is absolutely superb [] who is dedicated the whole school, understands nursing, knows nursing, talks nursing with us all the time, you know, he's gone native in ethnographic terms, been there fifteen years, knows it all, but he knows the science inside out and back to front, you

know, and is able to give the full package at the right level to the nurses, we have psychologists and sociologists similarly (R5); from a methodological point of view, I've tended to focus on the employment of economists because they very often have a depth of methodological expertise, particularly from [] a statistical perspective (R8).

Some express concern at this state of affairs: 'they'll soon be running the ship for us anyway if we continue to do that' (R2), a prospect that others deplore:

I say off the table, over my dead body, unless I'm gone out of here you're not doing that, you know, because I just do not think it's money well spent. What would that person be doing and she'd say oh well the person would be, you know, increasing your research capacity, I'd say: "Excuse me I've got other ideas, let me tell you" (R10).

However, respondents' concerns about the form, content and quality of postgraduate nursing education suggest serious misgivings about its ability to provide a future generation of nursing academics with the grounds of their identities as either specialised knowers or knowledge specialists. As members of a professional community, postgraduate nursing students look to university nursing schools for their fourth-level education. However, 'curricular universalism' (Chapman 2007, p. 61) frequently results in eclectic offerings likely to ensnare students and staff in a 'classic multidisciplinary trap' with its 'range of tempting distractions' (Parry *et al.* 1994, p. 40). Lack of a disciplinary discourse to frame thinking and research, places current and aspiring academics 'too far from the frontier of any...disciplines to make any serious contribution' (Parry *et al.*

1994, p. 39). Limited academic engagement with the context and practice of nursing care can only exacerbate the problems caused by this 'multidisciplinary illiteracy' (Chapman 2007, p. 60).

The intellectual progress of a field requires consensus on theories, methods and the proper objects of enquiry. Such agreement is also a prerequisite for the initiation of novices into any discipline (Bridges 2006). In the absence of unifying principles and clarity of purpose, there is a real danger that academic nursing will become a rudderless ship seduced by the call of any disciplinary siren (McNamara 2006, Chapman 2007). Lashing themselves to the masts of other disciplines may seem like a sensible strategy for nursing academics trying to navigate the choppy waters of contemporary academia, but history suggests that neither scientists nor humanists will be able to help them in 'their professional distress' (Katz 1969, p. 75). This is especially likely to be the case in circumstances where nursing academics are unclear what it is they want from other disciplines – and why, and in institutions where the academic infrastructure to accommodate their contributions is lacking. Cast adrift from the occupational base which is the ultimate source of their legitimacy, many nursing academics seem destined to reproduce not a cadre of successors united in their focus on sustainable nursing research programmes, but, rather, dilettantes making a serious contribution neither to fundamental theory and knowledge in any discipline, nor to nursing policy and practice. Unsurprisingly, other academics, practicing nurses and funders are likely to remain indifferent to the 'findings' of one-off, small-scale inquiries, which often lack coordination with any preceding or subsequent research.

The principal players in Irish nursing clearly aspire to a nursing humanities grounded in philosophy and history. It is not that nursing is regarded solely as an exercise in applied philosophy, or as the object of historical inquiry, but, rather, that these

'meta-discourses' (Bridges 2006, p. 267) provide the foundations for a nursing singular which must first be laid by specialists:

I think if we want a strong element of our disciplinary development to be embedded in history [] I've got to admit that I do think the best training you're gonna get is in the history department (R8).

Disciplinary specialisation, rather than exposure to eclectic postgraduate nursing programmes, is more likely to provide the epistemic building blocks that Irish nursing requires to formulate its own theoretical discourse. Those who believe that this discourse needs to be constructed *de novo*, dismiss current theoretical nursing discourse as a source of the symbolic capital necessary to meet the needs of nursing students, practitioners, educators and researchers. In this they agree with critics, for example, Paley (2006) who argues that the impression of theoretical nursing discourse conveyed by at least one leading 'catalogue' (Hargreaves 1981, p. 10) of nursing theory (Tomey & Alligood 2005) is one of 'semantic clouds' and 'interchangeable taradiddle' (Paley 2006, p. 278).

Even Paley, however, exempts some of the discourse from his criticism; he judges eight of the thirty theorists 'celebrated' in Tomey and Alligood to have at least some contribution to make. However, as respondents in this study acknowledge, the majority of nursing academics in Ireland have not studied nursing's theoretical discourse in any depth. Consequently, they are unable to evaluate systematically the relative merits of the various nursing theories.

Paley's central point is that much of nursing's theoretical discourse lacks grammaticality and cannot be subjected to empirical testing. It consists only of

accumulations of words – detached verbal clusters which are at no point anchored in the

world that can be observed, described or measured.

(Paley 2006, p. 277).

The discourse also lacks verticality in that its development is serial and segmented, rather than cumulative and integrative.

Many nursing theories

are simply concept piles, stacks of words that can be strung together...a pick 'n' mix assortment of concepts. Hence the contest to see who can build the biggest heap.

(Paley 2006, p. 277).

Paley (2001, 2004, 2006) calls for a theoretical nursing discourse that much more closely approximates a hierarchical knowledge structure (ER+, SR-). Academic and professional leaders in Irish nursing, however, aspire to a discourse with a hierarchical knower structure (ER-, SR+), the purpose of which is to specialise identity according to the characters, sensibilities and dispositions – habituses – of knowers, not to build knowledge in the scientific sense. The capital that they wish to bring to the struggle for ascendancy between 'who you are' and 'what you know' as the basis of legitimacy in the intellectual field is 'who you are': an updated and legitimised version of an enduring 'virtue script' (Nelson & Gordon 2006, p. 7).

However, as Paley (1997, 1998) argues, in recontextualising discourses from humanities disciplines, such as philosophy, many nursing scholars misinterpret and misapply their disciplinary languages, leading to a hybrid discourse incapable of providing the basis of identity as a legitimate knower. Instead of providing the conceptual and analytic tools required for critical thinking, this discourse socialises nurses

into a universe without critique, without question...a world without analysis, without interrogation.

(Paley 2006, p. 276).

Without 'an internalized map of the conceptual structure of the subject, acquired through disciplinary training' (Muller 2007, p. 82), nursing academics decontextualise specialised discourses and render their once weight-bearing concepts weak and useless by wrenching them from the

theoretical matrix to which they belong, the dense background of argument, experiment, empirical findings, proposal and counter-proposal which give the words their meaning.

(Paley 2006, p. 278):

this is more of us stealing other people's work
[] the nurse researchers who use deconstructionism, I mean, defend me. I've supervised so many people using Derrida and I'm going: "Here's another one," you know, it's all stolen, it is all stolen from elsewhere, and then we're not doing it right, and there's this huge critique in the literature (R5).

The result is a vacuous, free-floating, uncritical discourse that provides neither specialist disciplinary knowledge nor the basis of a legitimate academic habitus; that is, a discourse that embodies the relativist setting of the specialisation principle (ER-, SR-). If it is the case that there are 'more or less epistemologically powerful claims to truth' (Maton 2000, p. 149), there surely are also more or less powerful claims to be a legitimate knower. Moreover, in the strongly framed climate of contemporary academia, legitimacy is increasingly dependent on the profession of specialised disciplines with hierarchical knowledge structures (ER+, SR-). Nursing academics are doubly unlikely to realise 'profits of distinction' (Chouliaraki & Fairclough 1999, p. 102) from investing in debased versions of a depreciating currency.

The struggle for control of the legitimation device between proponents of 'who you are' and 'what you know' as the rulers

of legitimacy in the field of academic nursing is regularly played out in the pages of nursing journals. Assertions that 'scientific methods are the only credible way forward for nursing research' (R. Watson 2003, p. 219) are countered by proclaiming the value of the humanities, such as 'poetry, history, theology, philosophy, ethics, literature and art' (Draper & Draper 2003, p. 546), for cultivating nurse knowers, and for granting insights into the phenomena of concern to nursing. Arguments for and against evidence-based nursing practice (e.g., Freshwater 2002, Rolfe 2002a, b, Thompson 2002, R. Watson 2002 and, more recently, Holmes *et al.* 2007) are also realisations of struggles for control of the legitimation device, echoing debates that have long raged in teacher education circles (Hammersley 2007).

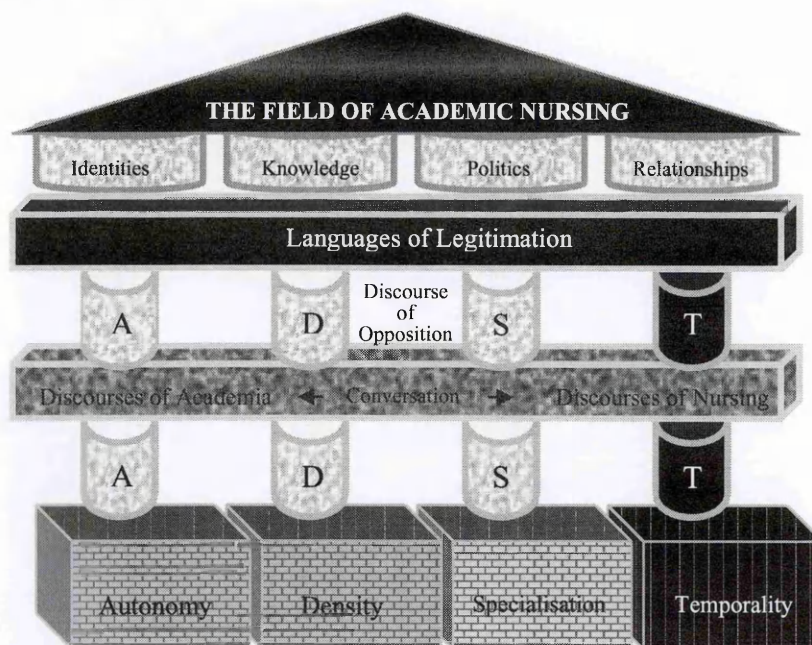
Proponents of a hierarchical knowledge structure for nursing confront the issue of the differential epistemic power of knowledge forms, recognising that non-arbitrary limits exist regarding what knowledge may be considered legitimate. For Paley (2004), numbers not words are the way to advance nursing research; he urges the use of quantification for nursing's 'pet projects' (p. 454), and even proposes a mathematics of caring. This notion perhaps embodies the ideal of numbers *and* words, science and the humanities, as aspired to by many of this study's respondents; for example,

nursing is a hugely interesting practice area
and discipline because I think it does function
in the borders of a number of other disciplines
and I think it very effectively unites the
humanities and the sciences and comes out at
the end with a certain kind of product (R8).

Such a product enshrines an élite code (ER+, SR+), according to which sacredness and legitimacy reside in being the right kind of knower in command of a distinctive body of specialist knowledge. In essence, Irish academic nursing is attempting to shift from a relativist code to an élite code; a highly demanding

undertaking for a field characterised by low autonomy and high density, only lately arrived in the academy. Before discussing the implications of this analysis, I turn to the final principle: temporality.

Temporality



In terms of temporal location, academic nursing is a new field occupied by agents attempting to establish a new identity: that of the nursing academic (-C^t or neo-). This is evident from the repeated emphasis on the youth and immaturity of the field: ‘it’s very much in an embryonic stage nursing in third level’ (R9); ‘we need to recognise that nursing is very young in the academic environment’ (R8); ‘I think we’re at we’re at such an early stage, such early days’ (R16).

Relative youth should not prove an impediment, provided there is a clear focus on an agreed future and consensus on how to get there:

we are early in our academic development so what, is it a problem? No. I don’t see why it’s a problem, provided we have sufficiently strong focus on the fact that it is nursing we want to develop as against, for example, my own area: political science (R8).

What sort of nursing do agents wish to develop? There exists within each agent's conversation an ambivalent attitude towards the influence that past nursing traditions, values and practices should exert on the present and future. In some stretches of their conversations, respondents indicated that there was much in the past under which a strong line should be drawn; the past should exert weak control on current and future practice: weak temporal framing (-F^t). For example,

the older archetypical handmaiden, maybe doing what they're told, and I'm sure for many hospitals around Ireland, in smaller areas that are exactly like that, where nurses don't question, don't raise their heads and are afraid to blow the whistle (R5);

many elements of the traditional-based program did not encourage people to grow, it encouraged people to conform, to keep quiet, and to get on with whatever the day's instructions happened to be, and in the 21st century bright young people will not accept that and why should they (R8);

we had a very much inputs-driven curricula, very overpacked curricula, and very medical-driven type curricula (R14).

Elsewhere, respondents considered there was much in nursing's history that should be retained: strong temporal framing (+F^t):

the areas in which I would hope the graduate nurse wouldn't differ would be the ultimate drive behind coming into nursing [] people who enter the traditional hospital-based programs [] they want to make a difference, they want to help people, and I think that fundamental underlying idealism is really

)
important, so in that sense I would hope that
that's retained (R8);

)
what I'd rather do is almost go back to the
olden days and do a much more
apprenticeship-based thing with them, maybe
more practice, and certainly the theory and
practice intertwined (R5).

)
No respondent actually advocated a return to apprenticeship-
style training; for example,

)
the answer is not move nurses student nurses
back into wards [] that is not certainly where
we're moving, it's not the area that anyone []
whether it be in academic or in clinical should
even think about (R13).

)
Rather, what emerges is a desire to recontextualise a somewhat
idealised version of aspects of nursing's past (Pfeil 2003,
McKenna *et al.* 2006) to the present through the sacred offices
of liberal humanist discourses. Indeed, transferring nursing
education into the universities is seen as a way of reclaiming
nursing values and revitalising the principles compromised as a
result of a corrupted system of apprenticeship preparation that
ultimately failed nurses and patients:

)
we had whole generations of nurses who were
ill-equipped to respond to the needs of health
policy and health strategy, they needed further
levels of analysis, they needed to extend their
scope of practice. Those things don't happen
without a rigorous educational methodology
(R13);

)
it was barbaric what they were doing to young
ones (R11);

)
I remember us sharing staff nurses on night
duty in very, very busy wards with really ill

patients, we had patients on ventilators and everything on the ward and we hadn't a breeze how to mind them, not a breeze and that was absolutely wasn't right (R15).

Agents thus legitimate academic nursing as reinvigorating a long-established human service by revalorising its core values and foundational principles through an integrated humanities-based theoretical nursing discourse: neo-retrospective temporality – a renewed version (-C^b) of a sacred past, recovered through sacred languages (+F^b). Universities provide a safe environment where nursing students can become legitimate knowers for the good of patients and society, rather than training on the job on patients in the demanding environment of the health services, where personal growth and the social structural context of their work are secondary considerations.

Irish nursing academics realise, however, that nursing has entered higher education very late in the day, 'in the Irish context they've come in too late [] it's two decades too late' (R11). If ever it could, the sector may no longer provide nurses with the time and space in which they can elaborate introspective knower-structured discourses:

it's just historically unfortunate when nursing is coming into the academic environment where there isn't that latitude of economy which allows them to actually take time to develop an understanding without having to reach all the different value systems that the academy now is, which is a very much a commercial organisation (R9);

I think it's not for our generation it will happen, it will happen way beyond our time when we'll see we will consolidate the root of knowledge and we'll be able to sit with

confidence in that academic base because we have a knowledge base (R13).

However,

you don't have a generation in terms of the new enterprise university the OECD isn't going to give you a generation. You're in stuk (R11).

Other disciplines may hold the key to the development of academic nursing:

I don't think we need to invent the wheel, we haven't got the time, other disciplines have done certain things, we can borrow from it, we can learn, and we can tell them when it doesn't work, and I think that is the important thing, it doesn't work in this situation, go back and think your theory through again (R8).

However, development 'will never happen unless our nursing academics are challenged' 'to become more conceptual' (R8). Pressure of time and limited 'academic growth and academic depth' to date mean that Irish nursing academics must 'grow up' quickly and stop being 'so blasted lazy' (R8). Leaders must 'force people out of their comfort area' (R8) and somehow persuade them to assume the responsibilities inherent in the role of the nursing academic. Above all, this entails becoming 'steeped in practice' (R16) in order to develop or establish a theoretical discourse for nursing that is credible, comprehensible and relevant to clinical nursing:

one of the things we do have to engage with very, very, very strongly and very honestly, because I don't think it's been done honestly to date, is dual roles, joint appointments and I don't only mean at junior lecturer level, I

mean right the way up [] we need to see it
because I think that is the only way we can
keep the focus on clinical nursing (R8).

Either extant nursing theories must be studied, critiqued, tested, and then developed or rejected, or theories and methodologies from other disciplines must be meaningfully integrated and brought to bear on nursing. Regardless of the path chosen, the ultimate goal is a recognisably legitimate theoretical nursing discourse which will cultivate knowers, and possess adequate grammaticality and verticality to drive knowledge development for nursing policy and practice. Such a language will provide the basis from which nursing academics can engage in productive relationships with other academic disciplines; relationships which, up to now, many 'nurses themselves haven't understood' (R15).

Discussion

Prior to its institutionalisation in the higher education sector, nursing education took place in monotechnic 'silos': hospital-based schools of nursing dedicated to producing a workforce for a restricted vision of mainly medically-dependent nursing practice. Many respondents referred to the traditionally high educational and personal calibre of the Irish nurse apprentice, so there is a real sense in which the apprenticeship nurse training system succeeded only in making sows' ears out of silk purses: compliant doers bereft of the intellectual wherewithal to contextualise, interrogate and develop their practice.

Although the legitimisation device is intended as a contribution to the sociology of *higher* education, and its constituent fields and sub-fields, it is possible to analyse apprenticeship nurse training using its key concepts. What emerges is a realisation of not so much a non-U as a 'sub-U' code (Venables cited in Maton 2005, p. 235):

- an instrumental, vocational orientation (low autonomy);

- likely to experience great difficulty integrating into an academic environment (high density);
- weak academic habituses (SR-) and inadequate empirical and methodological capital (ER-) (relativist or no basis for disciplinary specialisation); and
- a long-established occupation likely to contaminate the academy in pursuit of its professionalising agenda (archaeo-prospective temporality).

The underlying basis of the discourse of opposition, discussed in Chapter 4, is that the profane realisations of this code have now been imported to the academy in the form of the wrong kinds of habituses (Maton 2004), and insufficient amounts of the right kinds of capital: inadequately prepared teaching staff with weak intellectual formation; a poor evidence and research base; no stable basis of specialisation; a non-existent or underdeveloped theoretical discourse; limited intellectual engagement with nursing practice; and an educational system subordinate to service needs.

Striving for legitimacy in the intellectual arena of knowledge production, nursing academics attempt to redefine nursing as a professional, autonomous discipline, and to shape academic nursing in accordance with the traditionally dominant ruler of legitimacy in academia: a neo-U code – an updated realisation of the U-code structuring liberal humanist culture. This embodies

- high autonomy: protect nursing academics and students from profane external influences, including aspects of a clinical environment at best regarded with ambivalence;
- low density: bind academics and students tightly into the academic community;
- knower specialisation: by means of an integrated nursing humanities;

- all in a new institutional location: neo-retrospective temporality.

In Chapter 4, I showed that this code structures the discourse of nursing science. The languages of legitimation elicited in this study are also structured by a neo-U code and, while they differ on the status of nursing's existing theoretical discourse, all respondents agree that such a discourse is essential in the long run.

The dismissal of much of nursing science as a *passé*, atheoretical and irrelevant virtue script, challenges nursing academics to articulate a new, knowledge-based discourse for nursing (ER+). However, in this study, this is regarded as complementing, not displacing, a cherished knower-structured discourse that clarifies and protects the core values of nursing: an *élite* code (ER+, SR+):

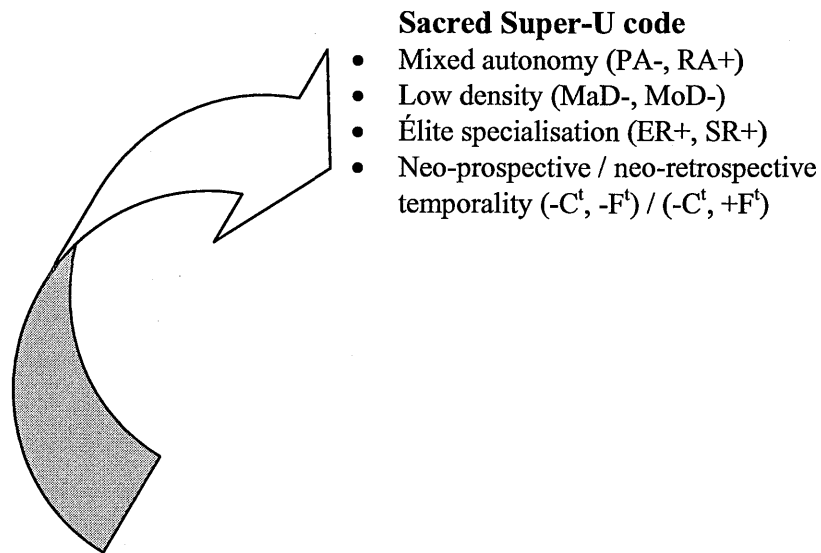
it as the discipline evolves that you will find people working out what would be traditionally termed more the basic end, the conceptual end, the theoretical end, while you'll would find some in the middle, and some very much more focused on the practice research issues, and I do think we need both (R8).

Analysis of the relationship between nursing and higher education by means of the legitimation device reveals the scale of the task facing academic nursing in Ireland. Irish nursing academics are, I argue, embarked on an epic journey from the profane to the sacred; from a sub-U code to what I term a super-U code (figure 6.1). The super-U code results from the adaptation of the principles underpinning a liberal humanist education to the demands of the research-intensive, enterprise university of the knowledge economy, and embodies:

- low positional autonomy from a highly professionalised, independent, or interdependent, model of nursing care delivery, which may or may not be realised in practice (PA-), and high relational autonomy through the preservation of traditional academic values (RA+);
- low material and moral density: an integrated professional and academic nursing community of arguers, enquirers and critics, with common values and a shared theoretical language (MaD-, MoD-);
- knower *and* knowledge, or élite, bases of specialisation (ER+, SR+); and Janus-like,
- both neo-retrospective and neo-prospective temporality: seeking to recover all that was held sacred in the past through the humanities, while looking to science to provide the empirical evidence to inform future policy and practice.

This is a very tall order for any academic field, particularly an emergent one still struggling to escape the legacy of ‘horrible nonsense’ (R9) and ‘baggage [] of disempowerment, oppression, hierarchy’ (R4) from its past. The field’s current low autonomy, high density and late arrival in the academy render it particularly susceptible to deformation by external pressures, which more autonomous, integrated and established fields might be better able to withstand or accommodate.

Figure 6.1 From the profane to the sacred: the trajectory of the field of academic nursing in Ireland



Sacred Super-U code

- Mixed autonomy (PA-, RA+)
- Low density (MaD-, MoD-)
- Élite specialisation (ER+, SR+)
- Neo-prospective / neo-retrospective temporality (-C^t, -F^t) / (-C^t, +F^t)

Profane Sub-U code

- Low autonomy (PA-, RA-)
- High density (MaD+, MoD+)
- Weak bases of specialisation (ER-, SR-)
- Archaeo-prospective temporality (+C^t, -F^t)

PA: Positional autonomy
 MaD: Material density
 ER: Epistemic relation
 C^t: Temporal classification
 +: Stronger

RA: Relational autonomy
 MoD: Moral density
 SR: Social relation
 F^t: Temporal framing
 -: Weaker

Hashem (2007) shows how lack of academic readiness, while not necessarily preventing the establishment of a field, adversely affects the trajectory of its subsequent development. Nursing became a significant and distinct organisational entity in Irish higher education as a result of three interrelated factors: state intervention, arising from industrial pressures, channelled chiefly through the INO; a growing realisation that the apprenticeship training system was no longer economically viable; and mounting dissatisfaction with its short-lived successor, the hybrid diploma in nursing, delivered conjointly by hospital-based schools of nursing and higher education institutions (Government of Ireland 1998, Simons *et al.* 1998). These factors, more than any specific educational or epistemic grounds, resulted in the establishment of the field; a fact

acknowledged by all respondents, whose involvement came later, after the decision was made (Government of Ireland 2000).

Low levels of academic resourcefulness inhibit the growth of a field, exposing it to external pressures from above, in the form of vested interests, legislation and funding mechanisms, and from below, in the form of public demands and occasional media-generated moral panics. Non-existent or minimal engagement with its occupational base undermines a field's relevance and utility, while lack of a distinctive voice proclaiming a distinctive message signals an underdeveloped, impoverished theoretical discourse with low levels of abstraction, grammaticality, verticality and, consequently, generative capacity. This severely limits the field's prestige and its agents' ability to realise legitimate habituses in academia (Hashem 2007).

Implications for policy and practice

The theory of the legitimisation device makes higher education and its constituent fields available as objects of analysis, conceptualising them as dynamic structured and structuring structures (Maton 2005). It provides a conceptual language for describing, understanding, analysing and comparing the bases of legitimacy within academic fields, how they govern the forms of capital, practices and habituses that attract status and prestige, and how these change or persist over time. The legitimisation principles allow academic fields to be analysed holistically in terms of their external and internal relations, social and epistemic dimensions, and temporal locations.

This thesis reports the outcome of the first attempt to bring the theory of the legitimisation device to bear on the field of academic nursing. The theoretical reconstitution of principals' languages of legitimisation, elicited in a discursive context designed to reprise wider debates, illuminates the current structure of the field. Respondents harbour no illusions about the field's current capacity to withstand the challenges ahead, but are convinced

that the establishment of nursing as a distinct presence in academia affords many opportunities for nursing as a professional and academic discipline.

To harness these opportunities, serious consideration needs to be given to the implications of the field's current structure for its survival and future development. By explicating the settings of the legitimisation principles currently structuring the field, and relating them to those underlying higher education as a whole, the study provides a systematic way of thinking about strategies to consolidate and advance the position of academic nursing in Ireland and, perhaps, elsewhere.

The progress of academic nursing describes a trajectory whose origin embodied a profane sub-U code and whose destination enshrines a sacred super-U code (figure 6.1). Intermediate points on this trajectory may be plotted using the legitimisation principles to set the co-ordinates. In order to successfully navigate the trajectory, academic nursing must first put itself in the best possible shape. It can only do this if it restructures its external and internal relations, examines the bases of its claims to specialisation and distinctiveness, and decides which identities, forms of capital, and practices it wishes to discard, retain and acquire.

Neither academic nor clinical nursing are likely to achieve their full potential while a significant dichotomy exists between nurses in the academy and those engaged in the delivery of patient care. Nursing academics must work with clinical colleagues to break down counterproductive boundaries between the clinic and the academy, while simultaneously enhancing their autonomy from medical and managerial agents who would dictate the form and content of nursing practice and education to serve their own agenda. Reconfiguring relationships between the care environment and the academy will necessitate confronting difficult questions about the practices and forms of

capital to be exchanged between the two fields, and the habituses that will emerge.

If nursing academics are to engage in nursing practice, what type of practice should this be? Should all practising nurses be involved in designing and conducting nursing research rather than simply applying its findings? What constitutes a proper higher nursing education to best prepare the nurse scholar-practitioner, how should it be delivered, for how many, at what level, by whom, and where? Do all registered nurses require education to degree level, or is there a case to be made for providing training and instruction for a proportion of the nursing workforce outside the third-level sector?

The particular positional and higher relational autonomy settings that characterise the super-U code (PA-, RA+) may be realisable for academic nursing only in relation to specific forms of professional nursing practice carried out by relatively few nurses in circumscribed clinical contexts. Lower material and moral density (MaD-, MoD-) within academia are unlikely to be achieved if external relations are to a populous, polyvalent and heterogeneous – or high density – field of practice (MaD+, MoD+). Within academic nursing, integrated networks comprising communities of academics and practitioners, capable of sustaining a focus on specific programmes of nursing research and scholarship over time, will not be achieved unless structured programmes of induction exist. Agents in the field need to ask themselves why so many of their former undergraduates and postgraduates, including those prepared as nurse educators, appear so ill-equipped to pursue academic careers. Of course, individual nursing academics must take responsibility for their own intellectual formation, but the problems confronting many former nurse tutors are at least as likely to be structural as personal, related to deficits in their own educational preparation and the weak academic infrastructures of the departments they joined.

Promiscuous use of theories and methodologies from diverse disciplines, applied to topics with sometimes only the most tenuous links to nursing policy and practice, results in unrelated, small-scale, short-term and sporadic research activity engaged in by relatively few academics. While these may enhance the career prospects of some, they will contribute little to the infrastructure necessary to support and sustain a cohesive community of arguers, enquirers and critics into whose common language, values, norms, thought systems and knowledge structures new entrants may be initiated.

Coherent, integrated and cumulative programmes of research and scholarship are unlikely to emerge from Irish academic nursing schools as currently configured. Relatively small schools, competing against one another for limited funding from few sources for similar projects, might be better advised to form strategic alliances to pool and concentrate their intellectual and other resources to secure funding streams. Postgraduate education and research training would also benefit from the resulting synergy. As well as this, individual schools will need to focus on building specialist capacity in specific areas of practice and policy, research methodology, and theory, if they are to make a distinctive contribution to such alliances.

Instead of unconstrained theoretical and methodological diversification and proliferation, what is required is a period of *discipline*, of development and consolidation, at all levels, from the individual to the institutional, in order to deepen and strengthen the bases of specialisation. The field of academic nursing needs to be both dispositionally, knower (SR+), and discursively, knowledge (ER+), based. Membership of a nursing academic community must entail more than expertise in research methods and techniques; it also requires the cultivation of 'the intellectual virtues of patience, industriousness, thoroughness and care' (Chapman 2007, p. 263). These virtues

call into service a level of commitment that has long been associated with Irish nursing at its best (Meehan 2003).

The institutionalisation of nursing in academia in the absence of a robust academic nursing infrastructure has created a field prone to plantation by a plethora of other discourses. These may be the decontextualised segments of other disciplinary languages, the empty and reifying rhetoric of trainability and competency, or the related utilitarian managerial and economic discourses that are colonising more and more areas of late modern society. The weak boundaries and fragile academic core of nursing render it particularly susceptible to the uncritical and unreflexive adoption of such discourses. At the same time, an insistence on the primacy of so-called nursing-discipline specific knowledge systems results only in a form of self-imposed intellectual purdah as some nursing academics almost wilfully turn their faces against important and relevant advances in other fields. As Ball (1995/2007, p. 107) has argued in relation to educational studies, academic nursing is 'both too open to other discourses and not open enough'. That is, it is in danger of appropriating the inappropriate and ignoring the significant.

Academic nursing requires a theoretical discourse but any discourse will not do. Much of the appeal of C-T-E systems of nursing knowledge lies in the apparently stable and distinctive academic identities they promise nurses struggling to negotiate the complex and elusive worlds of healthcare and academia. A large part of the criticism levelled at these knowledge structures is that they are descriptive and normative, rather than analytical and critical, offering little more than obscure expressions of ideology and convoluted statements of the obvious, instead of the conceptual tools required to think the unthinkable. But this is not true of all theoretical work in nursing and epistemic criteria for discriminating between the contributions of different nurse theorists are required. In order to specify these criteria

nursing academics need first to be clear about the purpose of nursing theory.

Is its purpose to provide an intellectual language of challenge, creativity and critique that acknowledges complexity, uncertainty and doubt? Or is it to furnish a technical language of skills, competencies and measurable outputs that offers a false sense of closure and security? Academic nursing clearly requires theories that can provide both an intellectual and technical discourse for the discipline, but, equally clearly, the knowledge practices, reserves of capital and academic habituses of many nursing academics militate against the elaboration of discourses to develop the ethical and empirical bases of nursing practice. Attempts to reproduce an academic nursing community from within under such conditions are likely to prove sterile.

No single academic can profess with integrity all the areas of expertise required by a particular academic field, no matter how specialised and focused it is: there must be a division of labour within, as well as between, academic communities. Once they have identified foci of specialisation, and reached consensus on the proper objects of nursing research, promising theoretical approaches and fruitful methods of enquiry, Irish nursing academics will have to face the fact that they are unlikely to advance their fragile and immature field unaided. Much of the cultural capital needed to construct, maintain and strengthen nursing's academic infrastructure will have to be acquired outside of academic nursing, perhaps for some considerable time to come. How best to acquire this capital and invest it wisely in nursing's epistemological project, while protecting the integrity and viability of the discipline, is, I believe, the most urgent issue facing the field of academic nursing in Ireland today.

There is a moral obligation on the current generation of nursing academics to generate cultural capital for the future, and to cultivate the academic habituses of their successors. Those who

insist on preparing postgraduate, including doctoral, nursing students wholly 'in-house', are taking a short-term and short-sighted view, likely only to perpetuate a lack of integration and specialisation in the field. The most honest and authentic advice to offer students who are anxious to explore the potential contribution to nursing of the thought systems and knowledge structures of other fields might well be to undertake their postgraduate preparation entirely outside of nursing departments. The danger here, however, is of fragmentation and piecemeal development, with no way of knowing how the resulting work would contribute to the goals of particular schools, or to the advancement of academic nursing in general.

A better solution might be for doctoral nursing students to receive joint supervision from appropriately prepared nursing academics *and* from recognised experts in those aspects of other disciplinary fields to be brought to bear on nursing. Considerations of cohesiveness, integration and critical mass, suggest that the appointment to senior posts in academic nursing departments of such specialists, for at least a proportion of their time, would assist cohorts of both students and staff in acquiring much-needed symbolic capital. In the longer term, it would be entirely appropriate for nurses prepared in this way to supervise their own students independently.

Academic nursing schools have important questions to answer before they advise their brightest undergraduates how best to prepare themselves for academic nursing careers. What exactly is the purpose of postgraduate nursing education programmes? Is it to prepare intellectual or technical practitioners, or both? Can one size fit all in terms of taught postgraduate programmes? Is there enough cultural capital and research activity within each academic nursing school to support cohorts of students undertaking research degrees? Must every aspiring nursing academic first become an experienced, expert clinician before appointment, and in what ways and for how long should they be

prepared for such roles? If they cannot or need not maintain this expertise once appointed why do they need it in the first place? Will their academic legitimacy derive from their degrees in nursing or from qualifications taken in other disciplinary fields? If the latter, does it really matter if the bearers of such qualifications are not also nurses? If it doesn't, what do academic nursing schools have to offer recruits from other disciplines in terms of career progression and peer recognition, and what proportion of their staff should be recruited from which disciplines? Does nursing expertise and specialisation in another disciplinary field have to reside in the same person?

Conclusions

Academic nursing in Ireland is unlikely to prosper unless it thinks hard about these questions. Nursing academics must be willing to consider answers that will unsettle their identities, status and sense of purpose, but, if they're really honest, perhaps they will realise that have little enough basis for these as it is. Can academic nursing survive as a distinct presence in academia in Ireland? Maybe it can, but not if things remain as they are. Irish academic nursing must find within itself the self-confidence and clarity of purpose to finally leave

a place that is safe, that is 'home' – physically, emotionally, linguistically, epistemologically – for another place that is unknown and risky, that is not only emotionally but conceptually other; a place of discourse from which speaking and thinking are at best tentative, uncertain, unguaranteed.

(de Lauretis 1990, p. 138).

For a long time, hospital schools of nursing provided safe homes for nurse educators. The identities, practices and forms of capital that enabled many of them to live comfortable and secure lives there are not serving them well in the unfamiliar and challenging place that is academia. Nor has the nursing science

discourse in which many nursing academics invested heavily yielded a worthwhile return. A new nursing discourse is needed: one that integrates the languages of other disciplinary discourses in the service of a new form of nursing practice. Academic nursing must shape this new practice rather than being shaped by the practices of the past. To do this, its composition and configuration needs to change. In Ireland, academic nursing schools evolved in an ad hoc way and are staffed mainly by graduates of the schools' own deficient postgraduate nursing programmes, together with a smattering of individuals with postgraduate qualifications in diverse disciplines. Such structures contain within them the seeds of their own destruction because they are founded on the principles of low autonomy, high density and lack of specialisation.

Academic nursing departments of the future will consist of networks of integrated, specialised nodes, focusing on specific problems and phenomena relevant to nursing. These will comprise a judicious mix of people who actually have something to profess: expert nurse practitioners, managers, policy-makers, and disciplinary specialists whose methodological and theoretical expertise can make an agreed, understood, specific and transparent contribution to issues of concern to nursing. These nodes will provide the framework for a robust yet flexible academic infrastructure, responsive to the needs of the occupational base for evidence of what works in practice, and capable of establishing connections with other academic fields in the service of a strong ethical, theoretical, methodological and empirical core for nursing into which novices can be inducted. In order to provide the conditions of possibility for the reproduction of the field, staff recruitment and development policies must be geared to the establishment, strengthening and extension of these relatively autonomous, integrated and specialised nodes.

Delimitations, limitations and directions for further research

Finally, I address the delimitations and possible limitations of the study in terms of its focus and scope, empirical base, design and conduct, and theoretical framework, together with some ideas for a future research agenda that these suggest.

Focus and scope of study

The specific focus of this study was the structure of contemporary academic nursing in Ireland, conceptualised as a field with its own characteristic properties and powers. This focus does, however, obscure the wider historical context of the field's emergence, and the social, economic and political factors that shaped it. The identification and analysis of these influences, and their structuring effects on the field, suggest important avenues for further research.

Possible foci of such research include the role of the INO in securing graduate-only entry to nursing practice in Ireland, the influence of founders' and key players' habituses and capital – their social, educational and disciplinary backgrounds – on the field, and the relevance, if any, of the disciplinary location of academic nursing departments. For example, in what ways and to what extent did the location of some nursing departments in medical, rather than science, social science or humanities, faculties, affect the educational and research practices of nursing academics?

Empirical base

A key strength of the study is that its empirical base comprises agents' first-hand, contemporary accounts of the field, rather than retrospective and secondary narratives; another is that it draws on conversational data, not only published material.²¹ Conducting conversations in the deliberately argumentative context created for data elicitation, allowed agents' reflections on their field – their languages of legitimation – to be challenged, interrogated and clarified as they were articulated.

²¹ In any case, few publications on academic nursing in Ireland currently exist.

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This generated data with more immediacy than would be obtained from agents' published texts, and others' considered responses to them.

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The delimited focus of this study on university-based nursing academics excludes those working in nursing departments in six institutes of technology. Institutes of technology were placed outside the focus of the substantive study for theoretical and practical reasons. First, the sector is smaller than the university sector, accounting collectively for 28 percent of undergraduate nursing places nationally (Nursing Careers Centre 2007). Second, nursing in this sector is much more recently established than in the universities; consequently, there are fewer senior posts and staff prepared to doctoral level, fewer postgraduate, doctoral and research students, and less research activity than in the university nursing sector. Third, the inclusion of only one representative from each institute would have increased the quantity of conversational data by around forty percent; practical considerations of time, resources and thesis length made it unlikely that I would have been able to do justice to the additional data in this study.

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This is not to suggest that this study is limited on its own terms, but, rather, to reiterate its particular focus on the languages of legitimization of university nursing academics and leaders of national nursing organisations. These individuals are dominant players in Irish nursing education and, as key disciplinary custodians, constitute a relatively influential élite, occupying high-status positions in nursing nationally. Importantly, they are highly articulate and hold strong views about the current status and future trajectory of academic nursing. While not a particularly accessible group, once access was negotiated, the resulting conversational exchanges generated rich data for the study.

This data provided the empirical material with which the theory of the legitimization device could engage. The aim was to explore

the contribution of the theory to a new way of conceptualising the field of academic nursing; that is, to illuminate both the theory and the field, not to provide a representative view. Nevertheless, inclusion of at least the heads of nursing departments in the institutes of technology would have enriched the study's empirical base, and allowed a comparative analysis with university nursing academics' accounts. Eliciting the languages of legitimation of agents' in this sector constitutes a potentially fruitful focus of future research into knowledge production and reproduction in Irish nursing.

A possible related criticism is that many other voices are excluded from the study; for example, those of former nurse tutors who figured so prominently in respondents' accounts. Nurses in clinical and managerial posts within the health service are also excluded, as are undergraduate and postgraduate nursing students, and academics from other disciplines, such as medicine. While this delimited focus is part of the research design, a fuller account of the field would be obtained from the inclusion of a range of other voices, including those of groups who have been marginalised and underrepresented in debates about academic nursing in Ireland. This, too, suggests an important focus of further work.

Research design and conduct

Conducting a discourse analysis of key agents' accounts lays the study open to the criticism that what is being analysed is not the field itself, but, rather, its discursive construction in texts and talk. This is central to the research design: the stated aim of the study was to theoretically reconstitute the languages of legitimation of dominant players in the field – the field's reflection upon itself. However, empirical material from other sources, elicited by other methods, would further test the strength of the theory's external language of description – its grammaticality – and provide a thicker description of the field. For example, discourse analyses of prospectuses, curriculum

documents, module descriptors, textbooks, departmental websites and staff profiles could be conducted. Phenomenological inquiries into the lived experience of field participants, and ethnographies of their educational and research practices would also yield valuable data.

As discussed, a strength of the study is that it does not rely only on published accounts of the field; another is that the conversations were conducted in an argumentative context in which critiques of the field took centre stage. There are other ways in which argumentative contexts could have been created in order to elicit agents' languages of legitimation in the least contrived manner possible; for example, by conducting a series of focus groups comprising senior nursing academics and representatives of one or other of the constituencies not represented in the study. However, in the absence of assurances about the possible direction that the discussions might take, recruitment to such groups might have been a problem. Issues of confidentiality would also arise, as well as practical considerations relating to facilitation, recording and documentation.

Potter (personal communication 2003), while rejecting too rigid a distinction between natural and 'artificial', or researcher-generated, talk, alludes to the problems of working with conversations set up explicitly for research purposes.²² Such talk, he cautions, is always to some extent contrived, is influenced by participants' expectations about social science research (particularly when researching academics), and is difficult to extrapolate to activities in other settings. However, it is not clear how it would be possible to obtain 'naturally-occurring' talk concerning the substantive focus of this study without resorting to covert methods.

²² Discursive psychology workshop, Aalborg University, Aalborg, Denmark, 6-7 November 2003.

The interpretative repertoires comprising the discourses of opposition and legitimation identified in Chapter 4 derive from a review of the literature on academic nursing authored mainly by nursing academics. The oppositional repertoires were recognised by respondents as significant discursive resources in contemporary debates on academic nursing, and they positioned themselves and others in particular ways in relation to them. They may well have positioned themselves differently in conversations with other people in other contexts. For example, although a relatively junior member of the field, I was consistently positioned by respondents as 'one of us'. If similar conversations had been attempted by a researcher perceived by them as somehow 'other', a former nurse tutor assimilated to an academic post in 2002, perhaps, or a researcher who was not also a participant in the field of academic nursing, it is possible that the conversations would have followed a very different course. This, of course, is the central tenet of discourse analysis and an integral part of the research design: agents use language here-and-now in interaction in order to accomplish certain ends, or building tasks. That these agents positioned themselves as robust critics of their field, and some of its participants, only serves to highlight the dilemmas of disciplinary development confronting academic nursing (Rafferty 1996, 2006), and provided rich data for the study.

Theoretical framework

Focusing on the field of academic nursing in Ireland as if it were a homogeneous entity suggests a neglect of divisions within the field. For example, no attempt was made to distinguish between general, mental health, intellectual disability, and children's nursing²³, while midwifery²⁴ lay outside the substantive focus of

²³ Representing 56%, 18%, 13% and 5% of nursing/midwifery undergraduate places nationally, respectively. In the case of children's nursing the undergraduate programme prepares students as both general and children's nurses (Nursing Careers Centre 2007).

²⁴ Representing 7% of undergraduate nursing/midwifery places nationally (Nursing Careers Centre 2007). Direct entry to undergraduate midwifery programmes commenced in September 2006

this study. The reason for this is that, within nursing, nursing academics, particularly senior staff, are not typically employed to teach and research in these specific areas, and, at the time the study was designed, no chairs in named divisions of the nursing register existed.²⁵ Nevertheless, the study is open to the accusation that it obscures differences between and within these divisions of nursing. Maton points out that his

concepts are capable of application and movement between macro and micro levels of analysis and a sensitivity to empirical differences is built into the framework.

(Maton 2005, p. 276).

An important focus for further research is the analysis of differences within the field using the theory. Because each principle has at least four potential settings, there are at least 256 possible combinations of settings of the four principles, making the theory of the legitimation device 'a highly sensitive tool for micro-analyses of reproduction, variation and change' (Maton 2005, p. 277) between and within fields.

The theory of the legitimation device makes available for analysis an object that could not hitherto be 'seen' or conceptualised in its totality: the field of academic nursing. Constituting an object of study by constant iteration between the concrete – participants' accounts – and the abstract – the concept of legitimation principles – can, Maton (2005) admits, appear unsystematic and less scientific than studying an 'apparently self-evident object' (p. 277) as in case studies of specific institutions, analyses of curriculum documents, inquiries into students' perceptions of subjects, or quantitative sampling of academics' research output (e.g., Traynor *et al.* 2001). Such studies would, however, neglect the wider defining and determining context of the object of study. Nevertheless,

²⁵ One chair in mental health nursing has since been established (as of September 2007).

Maton (2005) proposes a simplified conceptual grid, based on his theory, to facilitate case studies and corpus sampling, and, focusing specifically on the principle of specialisation, has applied such a grid to the study of reasons for the marginalised position of music in the English school curriculum (Maton 2007). This recent work suggests similar applications of the theoretical framework to a range of topics in the field of academic nursing. For example, all four legitimisation principles are relevant to an exploration of the factors inhibiting and enabling the growth of clinical academic careers in nursing, an issue crucial to the reproduction and survival of the field (Ersser 2007). Such empirical work would also illuminate the nature of the relations between the four structuring principles; for example, whether and how changes in the setting of one principle effect changes in the others, and how these might be causally connected (Maton 2005).

Concluding remarks

The theoretical framework used for this study was developed in another disciplinary field – the sociology of education – to explore a particular issue – the conditions of possibility in post-War British higher education for the emergence of cultural studies as a distinct field of study. Does it matter that the theory was developed elsewhere for another purpose? I think not. Maton (2005) suggests that the phenomena he analysed are ‘paradigmatic and recurrent’ (p. 280); this study supports his claim. Academic nursing is much debated but is rarely analysed as an object of study in its own right, partly because the conceptual tools required to undertake such an analysis have not been available to researchers in and of the field.

The theory of the legitimisation device provides a way of constructing academic nursing as a sociological object of study, using conceptual tools with high grammaticality, capable of precise empirical application. By allowing nursing academics to gain a conceptual purchase on their field of practice, these tools

enable them to assume a reflexive stance towards it and so to obtain a better understanding of its inner workings, and of the internal and external conditions under which it will flourish, or wither, in contemporary higher education. Subjecting the field to a structural analysis, reveals its underlying strengths and weaknesses, and its capacity to exploit opportunities and counter threats. It also illuminates the changes that need to be effected if academic nursing is to fulfil its social mandate.

The discourse analytic methods of Chouliaraki and Fairclough, Wetherell and Gee suggested ways of generating empirical data for such an undertaking. The theory of the legitimation device enabled the data – nurses' texts and talk – to be seen, heard, spoken about and written of in an entirely new way. For the theory, I have Bernstein, Bourdieu and Maton to thank. For the data, thanks are due to all those nurses who have written and spoken so eloquently, honestly and provocatively about the challenges facing the field internationally. A particular debt of gratitude is owed to my nursing colleagues in Ireland with whom I had so many frank and edifying conversations. It was their contribution, above all, that gave the theory so much to listen to and, I hope, this thesis something new and interesting to say.

References

- Allen D. (2001) *The Changing Shape of Nursing Practice: The Role of Nurses in the Hospital Division of Labour*. Routledge, London.
- Allen D. (2004) Re-reading nursing and re-writing practice: towards an empirically based reformulation of the nursing mandate. *Nursing Inquiry* **11** (4), 271-283.
- Alligood M.R. (2006) Introduction to nursing theory: its history, significance, and analysis. In *Nursing Theorists and Their Work* (6th edn) (Tomey A.M. & Alligood M.R., eds), Mosby, St. Louis, pp. 3-15.
- Alligood M.R. & Tomey A.M. (eds) (2006) *Nursing Theory: Utilization and Application* (3rd edn). Mosby, St. Louis.
- Alvsåg H. (2006) Kari Martinsen: philosophy of caring. In *Nursing Theorists and Their Work* (6th edn) (Tomey A.M. & Alligood M.R., eds), Mosby, St. Louis, pp. 167-190.
- An Bord Altranais (1994) *The Future of Nurse Education and Training in Ireland*. An Bord Altranais, Dublin.
- Atkinson P. (1985) *Language, Structure and Reproduction: An Introduction to the Sociology of Basil Bernstein*. Methuen, London.
- Atkinson P., Singh P. & Ladwig J.G. (1997) Review symposium: Pedagogy, Symbolic Control and Identity: theory, research, critique. *British Journal of Sociology of Education* **18**(1), 115-128.
- Ball S. J. (1995/2007) Intellectuals or technicians? The urgent role of theory in educational studies. In *Educational Research and Evidence-based Practice* (Hammersley M., ed.), Sage/The Open University, London, pp. 106-120.
- Banks B.E.C. (1995) Guest editorial. An uncompromising view of nurse education, England, 1995. *Nurse Education Today* **15**, 315-316
- Barker P.J., Reynolds W. & Ward T. (1995) The proper focus of nursing: a critique of the “caring” ideology. *International Journal of Nursing Studies* **32**(4), 386-397.
- Barrett E.A.M. (2002) What is nursing science? *Nursing Science Quarterly* **15**(1), 51-60.
- Barton T.D. (1998) The integration of nursing and midwifery education within higher education: implications for teachers – a qualitative research study. *Journal of Advanced Nursing* **27**, 1278-1286
- BBC (British Broadcasting Corporation) (2003) Interview with Josie Irwin and Julia Magnet. On *Today*, Radio 4, 17 November.

- Becher T. & Trowler P. (2001) *Academic Tribes and Territories* (2nd edn). The Society for Research into Higher Education/Open University Press, Buckingham.
- Beck J. & Young M.F.D. (2005) The assault on the professions and the restructuring of academic and professional identities: a Bernsteinian analysis. *British Journal of the Sociology of Education* **26**(2), 183-197.
- Beck J. (2002) The sacred and the profane in recent struggles to promote official pedagogic identities. *British Journal of the Sociology of Education* **23**(4), 617-626.
- Begley C. (2001) Guest Editorial. Nurse education in Ireland: redressing the balance. *Nurse Education Today* **21**, 595-596.
- Benwell B. & Stokoe E. (2006) *Discourse and Identity*. Edinburgh University Press. Edinburgh.
- Bernstein B. & Solomon J. (1999) Pedagogy, identity and symbolic control: Basil Bernstein questioned by Joseph Solomon. *British Journal of the Sociology of Education* **20**(2), 265-279.
- Bernstein B. (1971) *Class, Codes and Control, Volume 1: Theoretical Studies towards a Sociology of Language*. Routledge & Kegan Paul, London.
- Bernstein B. (1977) *Class, Codes and Control, Volume 3: Towards a Theory of Educational Transmission* (2nd edn). Routledge and Kegan Paul, London.
- Bernstein B. (1990) *Class, Codes and Control, Volume IV: The Structuring of Pedagogic Discourse*. Routledge, London.
- Bernstein B. (1996) *Pedagogy, Symbolic Control and Identity: Theory, Research, Critique* (1st edn). Taylor & Francis, London.
- Bernstein B. (1999) Vertical and horizontal discourse: an essay. *British Journal of Sociology of Education* **20**(2), 157-173.
- Bernstein B. (2000) *Pedagogy, Symbolic Control and Identity: Theory, Research, Critique* (Revised edn). Rowman & Littlefield, Maryland.
- Betts C.E. (2006a) Assuming practice amid the culture wars: a response to James P. Smith 28 years later. *Journal of Advanced Nursing* **54**(5), 633-634.
- Betts C.E. (2006b) Guest editorial. Why nursing does not exist. *Nurse Education in Practice* **6**, 243-245.
- Billig M. (2001) Discursive, rhetorical and ideological messages. In *Discourse Theory and Practice* (Wetherell M., Taylor S. & Yates S.J., eds), Sage, London, pp. 210-221.

- Bourdieu P. (1988) *Homo Academicus*. Polity Press, Cambridge.
- Bourdieu P. (1993) *Sociology in Question*. Sage, London.
- Bourdieu P. (1997) The forms of capital. In *Education, Culture, Economy, Society* (Halsey A.H.L., Brown P. & Wells A.S., eds), Oxford University Press, Oxford.
- Bourdieu P. & Wacquant L.J.D. (1992) *An Invitation to Reflexive Sociology*. Polity Press, Cambridge.
- Bradshaw A. (1995) What are nurses doing to patients? A review of theories of nursing past and present. *Journal of Clinical Nursing* 4, 81-92.
- Bradshaw A. (1998) Guest Editorial. Charting some challenges in the art and science of nursing. *The Lancet* 351, 438-40.
- Bradshaw A. (2000) Competence and British nursing: a view from history. *Journal of Clinical Nursing* 9, 321-329.
- Bradshaw A. (2001a) *The Nurse Apprentice, 1860-1977*. Ashgate, Aldershot.
- Bradshaw A. (2001b) *The Project 2000 Nurse: The Remaking of British General Nursing 1978-2000*. Whurr, London.
- Bridges D. (2006) The disciplines and discipline of educational research. *Journal of Philosophy of Education* 40(2), 259-272.
- Bryczynski K.A. (2006) Patricia Benner: From novice to expert: Excellence and power in clinical nursing practice. In *Nursing Theorists and Their Work* (6th edn) (Tomey A.M. & Alligood M.R., eds), Mosby, St. Louis, pp. 140-166.
- Cash K. (2004) Postautistic theorizing? *Nursing Philosophy* 5, 93-94.
- Chambliss D.F. (1996) *Beyond Caring: Hospitals, Nurses and the Social Organization of Ethics*. The University of Chicago Press, Chicago.
- Chandler J. (1991a) Reforming nurse education 2 – implications for teachers and students. *Nurse Education Today* 11, 89-93.
- Chandler J. (1991b) Reforming nurse education 1 – the reorganisation of nursing knowledge. *Nurse Education Today* 11, 83-88.
- Chapman R.L. (2007) How to think about environmental studies. *Journal of Philosophy of Education*. 41(1), 59-74.
- Chinn P.L. (2001) Editorial. Where is the nursing in nursing education? *Advances in Nursing Science* 23(3), v-vi.

- Chouliaraki L. & Fairclough N. (1999) *Discourse in Late Modernity: Rethinking Critical Discourse Analysis*. Edinburgh University Press, Edinburgh.
- Christie F., Martin J.R., Maton K. & Muller J. (2007) Taking stock: future directions in research in knowledge structure. In *Language, Knowledge and Pedagogy. Functional Linguistic and Sociological Perspectives* (Christie F. & Martin J.R., eds), Continuum, London, pp. 239-257.
- Clarke S. (2006) Research on nurse staffing and its outcomes: the challenges and risks of grasping at shadows. In *The Complexities of Care* (Nelson S. & Gordon S., eds), Cornell University Press, New York, pp. 161-190.
- Cody W.K. (2001) Interdisciplinarity and nursing: "Everything is everything," or is it? *Nursing Science Quarterly* 14(4), 274-280.
- Cowman S. (2001) Editorial. Nursing education in Ireland: The end of the beginning and the envy of others in Europe. *Journal of Advanced Nursing* 34(4), 419-420.
- D'Antonio P. (2004) Women, nursing, and baccalaureate education in 20th century America. *Journal of Nursing Scholarship* 36(4), 379-384.
- Daly J., Mitchell G.J., Toikkanen T., Millar B., Zanotti R., Takahashi T., Willman A.M.L., Barrett E.A.M. & Cody W.K. (1997). What is nursing science? An international dialogue. *Nursing Science Quarterly* 10 (1), 10-13.
- de Lauretis T. (1990) Eccentric subjects: Feminist theory and historical consciousness. *Feminist Studies* 16(1), 133-146.
- Delamont S., Atkinson P. & Parry S. (1997a) Critical mass and doctoral research: reflections on the Harris Report. *Studies in Higher Education* 22, 319-331.
- Delamont S., Parry O. & Atkinson P. (1997b) Critical mass and pedagogic continuity: studies in academic habitus. *British Journal of Sociology of Education* 18(4), 533-549.
- Department of Health (1980) *Working Party Report on General Nursing*. Stationery Office, Dublin.
- Dingwall R. & Allen D. (2001) The implications of healthcare reforms for the profession of nursing. *Nursing Inquiry* 8(2), 64-74.
- Draper J. & Draper P. (2003) Response to: Watson's guest editorial 'Scientific methods are the only credible way forward for nursing research'. *Journal of Advanced Nursing* 44(5), 546-548.
- Drummond J. (2003) Care of the self in a knowledge economy: Higher education, vocation and the ethics of Michel

- Foucault. *Educational Philosophy and Theory* 35(1), 57-69.
- Drummond J.S. (2005a) The rhizome and the tree: a response to Holmes and Gastaldo. *Nursing Philosophy* 6, 255-266.
- Drummond J. (2005b) Book review. Caring Science as Sacred Science. *Nursing Philosophy* 6, 218-220.
- Drummond J.S. (2004) Nursing and the avant-garde. *International Journal of Nursing Studies* 41, 525-533.
- Edley N. & Wetherell M. (1997) Jockeying for position: the construction of masculine identities. *Discourse and Society* 8(2), 203-217.
- Edley N. (2001) Analysing masculinity: interpretative repertoires, ideological dilemmas and subject positions. In *Discourse as Data* (Wetherell M., Taylor S. & Yates S.J., eds), Sage, London, pp. 189-228.
- Elzinga A. (1990) The knowledge aspect of professionalization: the case of science based nursing education in Sweden. In *The Formation of Professions: Knowledge, State and Strategy* (Torstendahl R. & Burrage M., eds), Sage, London, pp. 151-173.
- Ersser S.J. (2007) Lessons from Malinowski: Scholarship opportunities and the clinical academic. *Nursing Inquiry* 14(2), 97-98.
- Evans L.K. & Lang N.M. (eds) (2004) *Academic Nursing Practice: Helping to Shape the Future of Health Care*. Springer Publishing Company, New York.
- Fabricius J. (1991) Running on the spot or can nursing really change? *Psychoanalytic Psychotherapy* 5(2), 97-108.
- Fabricius J. (1996) Has nursing sold its soul? A response to Professor Banks. *Nurse Education Today* 16, 75-77.
- Fabricius J. (1999) The crisis in nursing: reflections on the crisis. *Psychoanalytic Psychotherapy* 13(3), 203-206.
- Fairclough N. (2003) *Analysing Discourse: Textual Analysis for Social Research*. Routledge, London.
- Fawcett J. (2001) Evidence-based practice. Contribution to Nurse-Philosophy@jiscmail.ac.uk, posted 30 June.
- Fawcett J. (2003) Guest editorial. On bed baths and conceptual models of nursing. *Journal of Advanced Nursing* 44(3), 229-230.
- Fawcett J. (2005) *Contemporary Nursing Knowledge: Analysis and Evaluation of Nursing Models and Theories*. F.A. Davis Co., Philadelphia.
- Fawcett J. (2006) Nursing philosophies, models and theories: a focus on the future. In *Nursing Theory: Utilization and*

- Application* (3rd edn) (Alligood M.R. & Tomey A.M., eds), Mosby, St. Louis, pp. 499-518.
- Fealy G.M. & McNamara M. S. (2007a) A discourse analysis of debates surrounding the entry of nursing into higher education in Ireland. *International Journal of Nursing Studies* **44**, 1187-1195.
- Fealy G.M. & McNamara M. S. (2007b) Guest Editorial. Scholarship, interdisciplinarity and academic identity. *Journal of Clinical Nursing* **16**(8), 1393-1397.
- Fealy G.M. (2005) Lessons from history: historical inquiry in Irish nursing and midwifery. In *Care to Remember: Nursing and Midwifery in Ireland* (Fealy G.M., ed.), Mercier Press, Cork, pp. 11-27.
- Fealy G.M. (2006) *A History of Apprenticeship Nurse Training in Ireland*. Routledge, London.
- Freshwater D. (2002) A response to Gary Rolfe Faking a difference: evidence-based nursing and the illusion of diversity. *Nurse Education Today* **22**, 13-14.
- Gee J.P. (2005) *An Introduction to Discourse Analysis* (2nd edn). Routledge, New York.
- Geertz C. (1983) *Local Knowledge Further Essays in Interpretive Anthropology*. Basic Books, New York.
- Goodson I. (1981) Becoming an academic subject: patterns of explanation and evolution. *British Journal of Sociology of Education* **2**(2), 163-180.
- Gordon S. & Nelson S. (2006) Moving beyond the virtue script in nursing: creating a knowledge-based identity for nurses. In *The Complexities of Care* (Nelson S. & Gordon S., eds), Cornell University Press, New York, pp. 13-29.
- Gould S. J. (2003) *The Hedgehog, the Fox, and the Magister's Pox*. Harmony Books, New York.
- Government of Ireland (1998) *Report of the Commission on Nursing: A Blueprint for the Future*. Stationery Office, Dublin.
- Government of Ireland (2000) *A Strategy for a Pre-Registration Nursing Education Degree Programme. Report of the Nursing Education Forum*. Stationery Office, Dublin
- Graham G. (2005) *The Institution of Intellectual Values*. Imprint Academic, Exeter.
- Hall C. (2004) Young nurses 'are too posh to wash'. *Daily Telegraph* 11 May.
- Hammersley M. & Atkinson P. (1995) *Ethnography: Principles in Practice* (2nd edn). Routledge, London.

- Hammersley M. (1997/2007) Educational research and teaching: a response to David Hargreaves' TTA lecture. In *Educational Research and Evidence-based Practice* (Hammersley M., ed.), Sage/The Open University, London, pp. 18-42.
- Hammersley M. (ed.) (2007) *Educational Research and Evidence-based Practice*. Sage/The Open University, London.
- Hardin P.K. (2001) Theory and language: locating agency between free will and discursive marionettes. *Nursing Inquiry* 8, 11-18.
- Hargreaves D.H. (1981) Schooling for delinquency. In *Schools, Teachers and Teaching* (Barton L. & Walker S., eds), Falmer Press, Lewes.
- Hargreaves D.H. (1996/2007) Teaching as a research-based profession: possibilities and prospects (The Teacher Training Agency Lecture 1996). In *Educational Research and Evidence-based Practice* (Hammersley M., ed.), Sage/The Open University, London, pp. 3-17.
- Hashem M. (2007) Becoming an independent field: societal pressures, state, and professions. *Higher Education* 54, 181-205.
- Healy R. (2005) Letters to the editor: Changes in nursing. *The Irish Times*, 10 June, p. 17.
- Henkel M. (2000) *Academic Identities and Policy Change in Higher Education*. Jessica Kingsley, London.
- Henkel M. (2004) Current science policies and their implications for the formation and maintenance of academic identity. *Higher Education Policy* 17, 167-182.
- Henkel M. (2005a) Academic identity and autonomy in a changing policy environment. *Higher Education* 49, 155-76.
- Henkel M. (2005b) Academic identity and autonomy revisited. In *Governing Knowledge. A Study of Continuity and Change in Higher Education – A Festschrift in Honour of Maurice Kogan* (Bleiklie I. & Henkel M., eds), Springer, Dordrecht, pp. 145-165.
- Henry B. (1998) Editorial. Practice, teach and research too. *Image: Journal of Nursing Scholarship* 30(2), 102-3.
- Hodges H.F., Keeley A.C. & Grier E.C. (2005) Professional resilience, practice longevity, and Parse's theory for Baccalaureate education. *Journal of Nursing Education* 44(2), 548-554.
- Holmes D. & Gastaldo D. (2004) *Rhizomatic thought in nursing: an alternative path for the development of the discipline*. *Nursing Philosophy* 5, 258-267.

- Holmes D., Gastaldo D. & Perron A. (2007) Paranoid investments in nursing: a *schizoanalysis* of the evidence-based discourse. *Nursing Philosophy* 8, 85-91.
- Jensen K. & Lahn L. (2005) The binding role of knowledge: an analysis of nursing students' knowledge ties. *Journal of Education and Work* 18(3), 305-320.
- Katz F.E. (1969) Nurses. In *The Semi-Professions and their Organization* (Etzioni A., ed.), The Free Press, New York, pp. 54-81.
- King M. (1995) Myra Levine's remarks. *Image: Journal of Nursing Scholarship* 27 (4), 263.
- Kitson A.L. (2001) Does nursing education have a future? *Nurse Education Today* 21, 86-96.
- Klein J.T. (1996) *Crossing Boundaries. Knowledge, Disciplinarity, and Interdisciplinarity*. University Press of Virginia, Charlottesville.
- Latimer J. (2000) *The Conduct of Care: Understanding Nursing Practice*. Blackwell Science, Oxford.
- Lawler J. (1991) *Behind the Screens: Nursing, Somology and the Problem of the Body*. Churchill Livingstone, Melbourne.
- Lawler J. (1997) *The Body in Nursing*. Churchill Livingstone, Melbourne.
- Lenz E.R. (2007) Mid-range theory: Impact on knowledge development and use in practice. In *Nursing Knowledge Development and Clinical Practice* (Roy C. & Jones D.A., eds), Springer Publishing Company, New York, pp. 61-77.
- Lindström U. Å., Lindholm L. & Zetterlund J.E. (2006) Katie Eriksson: theory of caritative caring. In *Nursing Theorists and Their Work* (6th edn) (Tomey A.M. & Alligood M.R., eds), Mosby, St. Louis, pp. 191-223.
- Lynaugh J.E. (2004) Academic nursing practice: looking back. In *Academic Nursing Practice: Helping to Shape the Future of Health Care* (Evans L.K. & Lang N.M., eds), Springer Publishing Company, New York, pp. 20-37.
- Magnet J. (2003) What's wrong with nursing? *Prospect Magazine* 93, 40-45.
- Martinsen K. (2006) *Care and Vulnerability*. Akribe, Oslo.
- Mason D. J. (2006) Pride and prejudice: nurses' struggle with reasoned debate. In *The Complexities of Care* (Nelson S. & Gordon S., eds), Cornell University Press, New York, pp. 44-49.
- Maton K. (2000) Languages of legitimation: the structuring significance for intellectual fields of strategic knowledge

- claims. *British Journal of Sociology of Education* **21**(2), 147-67.
- Maton K. (2004) The wrong kind of knower: education, expansion and the epistemic device. In *Reading Bernstein, Thinking Bernstein* (Muller J., Davies B. & Morais A., eds), Routledge, London, pp. 218-231.
- Maton K. (2005) *The Field of Higher Education: A Sociology of Reproduction, Transformation and Change and the Conditions of Emergence of Cultural Studies*. Unpublished PhD thesis, St John's College, University of Cambridge. Retrieved from www.KarlMaton.com on 16 May 2005.
- Maton K. (2006) On knowledge structures and knower structures. In *Knowledge, Power and Educational Reform. Applying the Sociology of Basil Bernstein* (Moore R., Arnot M., Beck J. & Daniels H., eds), Routledge, London, pp. 44-59.
- Maton K. (2007) Knowledge-knower structures in intellectual and educational fields. In *Language, Knowledge and Pedagogy. Functional Linguistic and Sociological Perspectives* (Christie F. & Martin J.R., eds), Continuum, London, pp. 87-108.
- Maton K. & Muller J. (2007) A sociology for the transmission of knowledges. In *Language, Knowledge and Pedagogy. Functional Linguistic and Sociological Perspectives* (Christie F. & Martin J.R., eds), Continuum, London, pp. 14-33.
- McAllister M. (2007) *Solution Focused Nursing: Rethinking Practice*. Palgrave Macmillan, Basingstoke.
- McKenna H. & Coates V. (2001) Guest Editorial. The future of nurse education in Ireland. *Nurse Education Today* **21**, 421-422.
- McKenna H., Thompson D., Watson R. & Norman I. (2006) Editorial. The good old days of nurse training: rose-tinted or jaundiced view? *International Journal of Nursing Studies* **43**, 135-137.
- McNamara M. (2005) 'Dr Nightingale, I presume?': Irish nursing education enters the academy. In *Care to Remember: Nursing and Midwifery in Ireland* (Fealy G.M., ed.), Mercier Press, Cork, pp. 54-68.
- McNamara M.S. (2006) Of bedpans and ivory towers? Nurse academics' identities and the sacred and profane: A Bernsteinian analysis and discussion paper. *International Journal of Nursing Studies* doi:10.1016/j.ijnurstu.2006.07.012, available online 2 October 2006.

- Meehan T.C. (2003) Careful nursing: a model for contemporary nursing practice. *Journal of Advanced Nursing* 44(1), 99-107.
- Meerabeau E. (2001) Back to the bedpans: the debates over preregistration nursing education in England. *Journal of Advanced Nursing* 34(4), 427-435.
- Meerabeau E. (2004) Be good, sweet maid, and let who can be clever: a counter reformation in English nursing education? *International Journal of Nursing Studies* 41, 285-292.
- Meerabeau L. (2005). The invisible (inaudible) woman: Nursing in the English academy. *Gender, Work and Organisation* 12(2), 124-146.
- Meerabeau E. (2006) Poor relations?: Nursing and medicine in the English academy. *Higher Education Quarterly* 60(1), 52-73.
- Merriam-Webster Inc. (2006) On-line dictionary. Retrieved from <http://www.m-w.com/dictionary> on 30 April 2006.
- Miers M. (2002) Nurse education in higher education: understanding cultural barriers to progress. *Nurse Education Today* 22, 212-219.
- Mitchell G.J. & Bournes D.A. (2006) Challenging the atheoretical production of nursing knowledge: A response to Reed and Rolfe's column. *Nursing Science Quarterly* 19(2), 116-119.
- Moore R. & Maton K. (2001) Founding the sociology of knowledge: Basil Bernstein, intellectual fields, and the epistemic device. In *Towards a Sociology of Pedagogy: The Contribution of Basil Bernstein to Research* (Morais A., Neves I., Davies B. & Daniels H., eds), Peter Lang, New York, pp. 153-182.
- Moore R. & Muller J. (1999) The discourse of 'voice' and the problem of knowledge and identity in the sociology of education. *British Journal of the Sociology of Education* 20(2), 189-206.
- Muller J. (2000) *Reclaiming Knowledge: Social Theory, Curriculum and Education Policy*. Routledge/Falmer, London.
- Muller J. (2007) On splitting hairs: hierarchy, knowledge and the school curriculum. In *Language, Knowledge and Pedagogy. Functional Linguistic and Sociological Perspectives* (Christie F. & Martin J.R., eds), Continuum, London, pp. 65-86.
- Murray I. (1999) Back to the bedpans for student nurses. *The Times* 16 January, p. 1.
- Myers K. (2002) An Irishman's Diary. *Irish Times* 28 March, p. 15.

- Nagle L.M. (1999) A matter of extinction or distinction. *Western Journal of Nursing Research* **21**, 71-82.
- Nelson S. & Gordon S. (eds) (2006) *The Complexities of Care*. Cornell University Press, New York.
- Northrup D.T., Tschanz C.L., Olynyk V.G., Makaroff K.L.S., Szabo J. & Biasio H.A. (2004) Nursing: whose discipline is it anyway? *Nursing Science Quarterly* **17**(1), 55-62.
- Nursing Careers Centre (2007) *Nursing/Midwifery: A Career for You*. Nursing Careers Centre, An Bord Altranais, Dublin. Retrieved from <http://www.nursingcareers.ie> on 25 August 2007.
- Oldnall A.S. (1995) Nursing as an emerging academic discipline. *Journal of Advanced Nursing* **21**, 605-612.
- Orr J. (1997) Nursing the academy. In *Knowing Feminisms: On Academic Borders, Tribes and Territories* (Stanley L., ed.), Sage, London, pp. 72-84.
- Paley J. (1997) Husserl, phenomenology and nursing. *Journal of Advanced Nursing* **26**, 187-193.
- Paley J. (1998) Misinterpretive phenomenology: Heidegger, ontology and nursing research. *Journal of Advanced Nursing* **27**, 817-824.
- Paley J. (2001) An archaeology of nursing knowledge. *Journal of Advanced Nursing* **36**(2), 188-198.
- Paley J. (2004) Response to Watson's guest editorial 'Scientific methods are the only credible way forward for nursing research' and subsequent JAN Forum pieces. *Journal of Advanced Nursing* **46**(4), 453-454.
- Paley J. (2006) Book review. *Nursing Theorists and their Work* (6th edn). *Nursing Philosophy* **7**, 275-280.
- Parry O., Atkinson P. & Delamont S. (1994) Disciplinary identities and doctoral work. In *Postgraduate Education and Training in the Social Sciences: Processes and Products* (Burgess R.G., ed.), Jessica Kingsley, London, pp. 35-52.
- Parse R.R. (1999) Nursing science: the transformation of practice. *Journal of Advanced Nursing* **30**(6), 1383-1387.
- Parse R.R. (2006) Editorial. Nursing and medicine: Continuing challenges. *Nursing Science Quarterly* **19**(1), 5.
- Peters M. (2002) Derrida and the tasks for the new humanities: postmodern nursing and the culture wars. *Nursing Philosophy* **3**, 47-57.
- Pfeil M. (2003) The skills-teaching myth in nurse education. From Florence Nightingale to Project 2000. *International History of Nursing Journal* **7**(3), 32-40.

- Philips M. (1999) How the college girls destroyed nursing. *The Sunday Times* 10 January, p. 15.
- Pitchford A., Bacon W. (2005). Constructing knowledge: the case of leisure management in the UK. *Studies in Higher Education* **30** (3), 311-326.
- Potter J. (2002) Two kinds of natural. *Discourse Studies* **4**(4), 539-542.
- Potter J. & Wetherell M. (2001) Unfolding discourse analysis. In *Discourse Theory and Practice* (Wetherell M., Taylor S. & Yates S.J. eds), Sage, London, pp. 198-209.
- Rafferty A.M. (1995) Art, science and social science in nursing: occupational origins and disciplinary identity. *Nursing Inquiry* **2**, 141-148.
- Rafferty A.M. (1996) *The Politics of Nursing Knowledge*. Routledge, London.
- Rafferty A.M. (1999) Practice made perfect. *The Guardian* 26 January, p. 3.
- Rafferty A.M. (2006). Nursing identity and dilemmas of disciplinary development. *Eighth Annual Public Lecture for Nurses and Midwives*, School of Nursing, Midwifery and Health Systems, University College Dublin, 11 May.
- Rawnsley M.M. (2003) Dimensions of scholarship and the advancement of nursing science: Articulating a vision. *Nursing Science Quarterly* **16**(1), 6-15.
- Redlich P. (2003) Heart baby's death not a once-off horror. *Sunday Independent* 6 July.
- Reynolds J. & Wetherell M. (2003) The discursive climate of singleness: the consequences for women's negotiation of a single identity. *Feminism and Psychology* **13**(4), 489-510.
- Rolfe G. (2002a) Faking a difference: evidence-based nursing and the illusion of diversity. *Nurse Education Today* **22**, 3-12.
- Rolfe G. (2002b) Faking a difference. *Nurse Education Today* **22**, 275-277.
- RTÉ (Radio Telefís Éireann) (2003). Interview between Marion Finucane and Bill Tormey. On *Marion Finucane*, Radio 1, 8 December.
- Sandelowski M. (1993) Rigor or rigor mortis: the problem of rigor in qualitative research revisited. *Advances in Nursing Science* **16**(2), 1-8.
- Sandelowski M. & Barroso J. (2002) Finding the findings in qualitative studies. *Journal of Nursing Scholarship* **34**(3), 213-219.
- Sandelowski M. & Barroso J. (2003) Classifying the findings in

- qualitative studies. *Qualitative Health Research* 13(7), 905-923.
- Scanlan P. (1991). *The Irish Nurse: A Study of Nursing in Ireland: History and Education 1718-1981*. Manorhamilton, Co. Leitrim.
- Sellers E. T. (2001) Images of a new sub-culture in the Australian university: perceptions of non-nurse academics of the discipline of nursing. *Higher Education* 43, 157-172.
- Seymour-Smith S., Wetherell M. & Phoenix A. (2002) 'My wife ordered me to come': a discursive account of doctors' and nurses' accounts of men's use of General Practitioners. *Journal of Health Psychology* 7(3), 253-267.
- Simons H., Clarke J.B., Gobbi M. & Long G. (1998) *Nurse Education and Training in Ireland – Independent External Evaluation: Final Report*. University of Southampton, Southampton.
- Speer S.A. (2002a) 'Natural' and 'contrived' data: a sustainable distinction? *Discourse Studies* 4(4), 511-525.
- Speer S.A. (2002b) Transcending the 'natural' / 'contrived' distinction: a rejoinder to ten Have, Lynch & Potter. *Discourse Studies* 4(4), 543-548.
- Standish P. (2002) Disciplining the profession: subjects subject to procedure. *Educational Philosophy and Theory* 16, 443-449.
- Strober M.H. (2006) Habits of the mind: challenges for multidisciplinary engagement. *Social Epistemology* 20(3-4), 315-331.
- Taylor S. (2001) Locating and conducting discourse analytic research. In *Discourse as Data* (Wetherell M., Taylor S. & Yates S.J., eds), Sage, London, pp. 5-48.
- Templeton S-K (2004) Nurses are 'too intelligent to care for the sick'. *The Sunday Times*. 25 April, p. 13.
- ten Have P. (1999) *Doing Conversation Analysis: A Practical Guide*. Sage, London.
- ten Have P. (2002) Ontology or methodology? Comments on Speer's 'natural' and 'contrived' data: a sustainable distinction? *Discourse Studies* 4(4), 527-530.
- Thompson D.R. (2002) A response to Gary Rolfe. Faking a difference: Evidence-based nursing and the illusion of diversity. *Nurse Education Today* 22, 271-272.
- Thompson D.R. & Watson R. (2006) Editorial. Professors of nursing: what do they profess? *Nurse Education in Practice* 6, 123-126.
- Thompson D.R. & Watson R. (2001) Editorial. Academic

nursing - what is happening to it and where is it going? *Journal of Advanced Nursing* 36(1), 1-2

- Tobin G.A. & Begley C.M. (2004) Methodological rigour within a qualitative framework. *Journal of Advanced Nursing* 48(4), 388-396.
- Tomey A.M. & Alligood M.R. (eds) (2006) *Nursing Theorists and Their Work* (6th edn). Mosby, St. Louis.
- Tormey B. (1999) Letters to the editor: Aftermath of Nurses' Strike. *The Irish Times* 4 November, p.19.
- Traynor M., Rafferty A.M. & Lewison G. (2001) Endogenous and exogenous research? Findings from a bibliometric study of UK nursing research. *Journal of Advanced Nursing* 34(2), 212-222.
- Ward C.J. (2002) Risk management: does it work? The U.S. and Ireland experience. *Medico-Legal Journal of Ireland* 8(1), 14-22.
- Warren J. & Harris M. (1998) Extinguishing the lamp: The crisis in nursing. In *Come Back Miss Nightingale: Trends in Professions Today* (Anderson D., ed.), Social Affairs Unit, London, pp. 11-35.
- Watson J. (2005) *Caring Science as Sacred Science*. F.A. Davis Co., Philadelphia.
- Watson R. (2002) Faking an argument: prejudice-based views and the illusion of scholarship. *Nurse Education Today* 22, 273-274.
- Watson R. (2003) Scientific methods are the only credible way forward for nursing research. *Journal of Advanced Nursing* 43(3), 219-220.
- Watson R. & Thompson D. (2004) Editorial. The Trojan horse of nurse education. *Nurse Education Today* 24, 73-75.
- Wertsch J. (2001) The multivoicedness of meaning. In *Discourse Theory and Practice* (Wetherell M., Taylor S. & Yates S.J., eds), Sage, London, pp. 222-235.
- Wetherell M. (1998) Positioning and interpretative repertoires: conversation analysis and post-structuralism in dialogue. *Discourse and Society* 9(3), 387-412.
- Wetherell M. (2001) Debates in discourse research. In *Discourse Theory and Practice* (Wetherell M., Taylor S. & Yates S.J. eds.), Sage, London, pp. 380-399.
- Wetherell M. (2003) Racism and the analysis of cultural resources in interviews. In *Analyzing Race Talk: Multidisciplinary Approaches to the Interview* (van der Berg H., Wetherell M. & Houtkoop-Steenstra H., eds), Cambridge University Press, Cambridge, pp. 11-30.

- Wetherell M. & Edley N. (1999) Negotiating hegemonic masculinity: imaginary positions and psycho-discursive practices. *Feminism & Psychology* 9(3), 335-356.
- Wetherell M. & Potter J. (1988) Discourse analysis and the identification of interpretative repertoires. In *Analysing Everyday Explanation* (Antaki C., ed.), Sage, London, pp. 168-183.
- Wetherell M. & Potter J. (1992) *Mapping the Language of Racism: Discourse and the Legitimation of Exploitation*. Harvester Wheatsheaf, London.
- Whelton J.B. (2002) The multifaceted structure of nursing: an Aristotelian analysis. *Nursing Philosophy* 3, 193-204.
- Whitehead D. (2005) Guest Editorial. Nurse education in the future: will one size fit all? *Nurse Education Today* 25, 251-254.

Appendix 1: Negotiation of access

Letter to heads of university nursing schools

Dear

I am a lecturer at the School of Nursing, Midwifery & Health Systems, UCD Dublin and am currently a second-year doctoral student registered with the Research School, The Open University, Milton Keynes, England. My supervisor is Dr. Julia Clarke, Senior Lecturer. My doctoral research concerns the responses of nursing academics and other nursing leaders to those who oppose the entry of nursing education to the higher education sector. I write to enquire whether you would be willing to be interviewed by me for my research. The interviews will be digitally audio-recorded. I very much hope that you will agree to participate as I believe that your contribution would be invaluable.

The working title of the study is: *Knowledge and Identity: The Discursive Construction of the Nursing Academic*. Further details of the study and my academic and professional qualifications are enclosed.

I propose, over the next three months, to interview senior nursing academics, nursing leaders and other key informants in Irish nursing. Consequently, I am also seeking your permission to approach senior academic staff employed in your school to request their participation in the study.

I enclose an outline of the study and a consent form on which I ask you to:

- Indicate your willingness to participate personally in the study; and
- Indicate that you consent to me approaching members of your academic staff to seek their participation in the study.

I also provide a stamped addressed envelope for the purpose of returning the form to me.

Please do not hesitate to contact me (details above) should you require any further information about my study or assurances additional to those given on the consent form. I would greatly appreciate your consent both to be interviewed personally and to access members of the academic staff of your school or department. I do hope that you will be able to take part as your participation would add greatly to my research. I look forward to hearing from you.

Yours sincerely



Martin McNamara

Letter to nursing leaders

Dear

I am a lecturer at the School of Nursing, Midwifery & Health Systems, UCD Dublin and am currently a second-year doctoral student registered with the Research School, The Open University, Milton Keynes, England. My supervisor is Dr. Julia Clarke, Senior Lecturer. My doctoral research concerns the responses of nursing academics and other nursing leaders to those who oppose the entry of nursing education to the higher education sector. I write to enquire whether you would be willing to be interviewed by me for my research. The interviews will be digitally audio-recorded. I very much hope that you will agree to participate as I believe that your contribution would be invaluable.

The working title of the study is: *Knowledge and Identity: The Discursive Construction of the Nursing Academic*. Further details of the study and my academic and professional qualifications are enclosed.

I propose, over the next three months, to interview senior nursing academics, nursing leaders and other key informants in Irish nursing.

I enclose an outline of the study, a consent form on which I ask you to indicate your willingness to participate in the study and a stamped addressed envelope for the purpose of returning the form to me.

Please do not hesitate to contact me (details above) should you require any further information about my study or assurances additional to those given on the consent form. I would greatly appreciate your consent to be interviewed as your participation would add greatly to my research. I look forward to hearing from you.

Yours sincerely



Martin McNamara

Study Outline

Knowledge and Identity: The Discursive Construction of the Nursing Academic

Martin McNamara MA (SocSci) (Open), MEd (Open), MSc (Nursing) (NUI),
BSc (Hons) (Open), RNT, RGN, RPN.

Lecturer, School of Nursing, Midwifery & Health Systems, UCD Dublin,
Belfield, Dublin 4 and

Doctoral Student, Research School, The Open University, Milton Keynes,
England.

I am investigating the basis, form and content of nurses' legitimisation strategies concerning their place in higher education, particularly when presented with arguments opposing the transfer of nursing education to the third-level sector.

Nursing leaders and nursing academics who have been instrumental in establishing, maintaining and developing nursing education represent key informants for the study to the extent that they might be expected, as 'disciplinary custodians', both individually and collectively, to justify or legitimate nursing's continued access to the material, social and cultural capital finally granted to nursing as a result of its entry to the higher education sector.

The theoretical framework for the study derives from the work of the late British sociologist of education, Basil Bernstein, whose ideas and concepts have been used to explore the impact on academic and professional identities of contemporary changes in the institutional and disciplinary map of higher education; for recent examples see Beck (2002) and Beck & Young (2005).

The methodology for the research derives from critical discourse analysis. For example, I draw on Margaret Wetherell's *critical discursive social psychology* (see, for example, Wetherell 1998). Wetherell is Professor of Social Psychology at the Open University and her work has been, and continues to be, used to explore and investigate a wide range of identity issues through discourse analytical approaches, most recently in an ESRC-funded *Identities and Social Action* programme in the UK of which she is director (see <http://www.identities.org.uk/>).

References

- Beck J. (2002) The sacred and the profane in recent struggles to promote official pedagogic identities. *British Journal of the Sociology of Education* **23**(4), 617-626.
- Beck J. & Young M.F.D. (2005) The assault on the professions and the restructuring of academic and professional identities: a Bernsteinian analysis. *British Journal of the Sociology of Education* **26**(2), 183-197.
- Wetherell M. (1998) Positioning and interpretative repertoires: conversation analysis and post-structuralism in dialogue. *Discourse & Society* **9**(3), 387-412.

Appendix 2: Consent forms

Nursing academics

KEY INFORMANT INTERVIEW AND GATEKEEPER CONSENT FORM

I agree to participate in a digitally audio-recorded interview with Martin McNamara, a registered doctoral student at The Open University, for his doctoral study, provisionally entitled *Knowledge and Identity: The Discursive Construction of the Nursing Academic*, in my capacity as a key informant selected through purposive sampling.

I understand that my participation in the interview is entirely voluntary.

I understand that I am free to withdraw my consent to participate and to have material derived from my interview used, at any time, before, during or after the interview, without prejudice.

I understand that the interview data will be confidential to the researcher and will be used solely for the purpose of the research and will be handled securely by him in the manner undertaken at 3 below.

1. I have read the above and the researcher's signed undertaking at 3 below, I understand the purpose of the interview, and I hereby consent to participate in the research study.

Signed: _____

Date: --/--/----

2. In my role as gatekeeper, I agree that the researcher, Martin McNamara, may contact members of the academic staff in my school in order to request their separate individual consent to participate in this research.

Signed: _____

Date: --/--/----

3. I undertake that data gathered during the course of the interviews will have identifying details removed prior to transcription and will be stored securely in a locked cabinet or password-protected personal computer without identifying details, regardless of the medium, audiotape, digital or paper.

I guarantee that the name, title and precise academic position of participants and the name and location of their higher education institutions will **NOT** be identified in the reporting of the research findings, whether in the thesis or any associated publications or conference presentations.

I undertake to assign pseudonyms to participants for the purpose of distinguishing between them. I undertake to permanently destroy the key linking these pseudonyms to the identities of participants after each phase of data collection.

Signed: 

Martin McNamara

Date: 01/11/05

Nursing leaders

KEY INFORMANT INTERVIEW CONSENT FORM

I agree to participate in a digitally audio-recorded interview with Martin McNamara, a registered doctoral student at The Open University, for his doctoral study, provisionally entitled *Knowledge and Identity: The Discursive Construction of the Nursing Academic*, in my capacity as a key informant selected through purposive sampling.

I understand that my participation in the interview is entirely voluntary.

I understand that I am free to withdraw my consent to participate and to have material derived from my interview used, at any time, before, during or after the interview, without prejudice.

I understand that the interview data will be confidential to the researcher and will be used solely for the purpose of the research and will be handled securely by him in the manner undertaken at 2 below.

1. I have read the above and the researcher's signed undertaking below, I understand the purpose of the interview, and I hereby consent to participate in the research study.

Signed: _____

Date: --/--/----

2. I undertake that data gathered during the course of the interviews will have identifying details removed prior to transcription and will be stored securely in a locked cabinet or password-protected personal computer without identifying details, regardless of the medium, audiotape, digital or paper.

I guarantee that the name, title and precise position of participants and the name and location of their organisations will *NOT* be identified in the reporting of the research findings, whether in the thesis or in any associated publications or conference presentations.

I undertake to assign pseudonyms to participants for the purpose of distinguishing between them. I undertake to permanently destroy the key linking these pseudonyms to the identities of participants after each phase of data collection.

Signed: _____

Martin McNamara

Martin McNamara

Date: 01/11/05

Appendix 3: Indicative Interview Guide

There were four main clusters of questions:

1. General questions relating to the background and rationale for the entry of nursing to the academy.
2. Questions pertaining to relationships: between nursing education and service, between nursing and other health-care professions (e.g., medicine) and between nursing academics and other academics.
3. Questions to do with nursing knowledge and nursing as a discipline.
4. Questions concerning pedagogy and curriculum design.

CLUSTER 1

Why, in your opinion, did nursing education enter the higher education (HE) sector?

Was it necessary – and why?

What has been the biggest change resulting from the entry of nursing education to HE?

What is the 'value added' of locating nursing education in HE? What are the gains for nursing – knowledge, practice, educators, clinicians? Any losses/negatives?

Will the graduate nurse be different from her apprenticeship-trained predecessor? In what ways?

To what extent was the move to academia part of a broader professionalizing strategy, a bid for power, status, material reward?

Examples of indicative extracts from discourse of opposition used to stimulate conversation:

- *Nursing is an honorable, worthy job: pretending it needs academic status to give it respectability is blunderingly offensive - and silly. But it goes along with the phoney titles and pretensions of modern disciplines.*
- *What they're doing is the wrong model for nurses...we're academicalising our own nurses making them into kind of one disease doctors ... instead of having a nursing school in all the hospitals, attached to the hospitals.*
- *To solidify the status of the new nurse, if was necessary to invent "nursing studies," a university degree...a course that is 50 per cent theory and 50 per cent practice and 100 per cent indoctrination in bureaucratic circumlocution.*

CLUSTER 2

How would you characterise the relationship between academic schools of nursing and health care providers? Between nursing academics and clinical nurses, managers, policy-makers? Clinicians' perceptions of nursing academics?

How would you characterise the relationship between academic schools of nursing and other academic schools/departments within HE? Between nursing academics and non-nursing academics (within and outside schools of nursing)? Within university generally? Non-nursing academics' perceptions of 'nursing academics'?

Has the move to HE increased the distance, erected barriers between service/clinical practice and education? Explore differences in values, beliefs. Will HE alienate nurse academics (students, even?) from the practice domain?

Has the move to academia affected relationships with other health professionals? In what ways? What of relationships with medicine? Physicians' perceptions of graduate nurses? Of nursing academics?

Has introducing an all-graduate workforce meant that we must now accept that much nursing work will be done by those not qualified as nurses at all?

Are we overeducating our nurses?

Examples of indicative extracts from discourse of opposition used to stimulate conversation:

- *Proper place of work and study is the bedside not the desk, classroom or laboratory.*
- *Rank and file nurses want better working conditions not more education.*
- *People who may not be the sharpest in the classroom, but would none the less make perfectly good nurses are being turned away.*
- *Pursuing academic training for what is ultimately a practical task.*
- *The status-conscious nurse often considers it beneath her now to ensure, for example, that elderly, wasted patients are comfortable in bed, that their hair is washed and that they can actually reach their food.*
- *It's a problem in culture and that nursing has been injected with this sort of fatal dose of power politics, status obsession, sociology...It boils down to the nurse standing there with crossed arms considering certain sorts of care beneath her duty, the basic things of feeding, washing, helping with more embarrassing sorts of things.*

- *The facets of personal nursing care, the washing, the feeding, the toileting, the touching of the bodies of the weak and vulnerable – are now all ‘non-nursing’ activities...the nursing profession cannot just withdraw from core nursing, unilaterally rewriting its contract with society.*
- *there’s a kind of a dichotomy in nursing between the silent previous majority didn’t approve of all this new development because in fact it suggest that they were inadequately trained*

CLUSTER 3

What is nursing knowledge? How has it been, is, will be altered by nursing’s presence in HE?

Is nursing an academic discipline? A professional discipline? An applied discipline? What do you understand these terms to mean - the difference between them? If applied - what is applied to what? The knowledge and/or methods of other disciplines? Explore concepts of discipline: inter-, multi-, trans-, pluri-, anti-, non-disciplinary.

As a nursing academic what distinctive knowledge do you profess? What is ‘nursing-discipline specific knowledge’? (Basis of own personal claims to be a nurse? An academic?) Generic/professional academic? Nursing-specific?

What is the discrete, specific distinctive object of study of nursing as a discipline?

What are the distinctive methods of knowledge construction of nursing as a discipline?

What is nursing research? What makes it nursing? Could others do it?

Who benefits from the production of (nursing) knowledge by (nursing) academics? Should the knowledge always be for practice?

What should postgraduate work, masters and doctoral, in nursing comprise?

Do all academics working in Schools/Departments of nursing have to be nurses? Why? Why not? Any ideal ratio of nurses to non-nurses? What do the non-nurses contribute? What do the nurses contribute? Should the non-nurses progress to senior academic and administrative roles within the department – Chairs, Heads of School?

On what basis do nurses specialise as academics, with a distinctive perspective, values, disposition? Is it on the basis of their nursing experience, personal characteristics? Or are they knowledge specialists? If so, what knowledge/s?

What career advice, in terms of postgraduate studies and activities, would you give to a newly-graduated nurse wishing to embark on a career in education / academia?

What is a Masters degree in nursing for? Breadth or depth, and in what? Why not an MBA, MEd or a masters in a cognate area, in a discipline to be applied to nursing in the social, behavioural, physical or biological science area?

What does it mean to be a successful nursing academic? What are the criteria necessary to participate in nursing's academic or intellectual field? How is success gauged?

Is there a contradiction or tension between being a successful (nursing) academic and a good (credible) nurse?

Can nursing survive as a distinct presence in academia? Is it sufficiently self-sufficient/autonomous from external and internal influences?

Do you agree that much contemporary nursing scholarship is directed at establishing a boundary between nursing theory and medicine and the social science disciplines on which it so heavily draws?

Examples of indicative extracts from discourse of opposition used to stimulate conversation:

- *When nurse training became a university course, it was invaded by the nihilistic, post-modern gibberish that has disfigured social sciences. The result was that caring, kindness, compassion and dedication were out.*
- *Are the 'college girls' destroying nursing?*
- *Any competent referee outside nursing would judge the quality of nursing research as pathetic. Nursing theory...is built on undefined jargon and unfalsifiable hypotheses, it is a structure of self-perpetuating myths taken on faith by its practitioners. Nursing theory has become a home for new-age fallacies, "alternative medicine", and hyperbole. Unlike science, nursing theory has no built-in mechanisms for rejecting falsehoods, tautologies and irrelevancies.*
- *The implications of the preferential treatment of academic Subjects for the material self-interest of teachers are clear...higher salaries...better career prospects. The link between academic status and resource allocation provides the major explanatory framework for understanding the aspirational imperative to become an academic Subject.*
- *On what basis do nurse tutors consider themselves sufficiently knowledgeable in psychology, sociology and biological sciences to 'go it alone' when teaching nursing students - never refused 'to teach anything on the grounds of lack of knowledge and therefore*

competence' - very few nurse tutors have sufficient knowledge of the relevant academic disciplines to teach to our standards'

CLUSTER 4

What is 'nursing studies'?

What do you understand/mean by a curriculum informed by a nursing perspective, gaze, sensibility?

What is/are the principle/s underpinning nursing curricula, that integrate/s their diverse, eclectic content and confer coherence on both curricula and research programmes? How are things put together?

What elements of the curriculum should be taught and by whom, how, where, when?

Is a curriculum taught by academics from other fields/disciplines and practicing clinicians only feasible? Why? Why not? Where would such a model leave the nursing academic? Administrator? Co-ordinator? Researcher?

How is this or that discipline related to nursing practice? Who does the relating, the recontextualising? Does this result in a new discourse? Is this what nursing academics do then? Relate, recontextualise? Are nursing academics then some kind of interface or boundary managers, the matrix or glue uniting diverse disciplinary inputs? Does this produce new knowledge? Or is there a 'polo-mint problem' in nursing academia i.e. do we teach, research study around nursing but not on nursing? What's left once you take out all the other disciplinary inputs?

How do you reconcile provision of an academic/intellectual/liberal education with the imperative to deliver a practical, skills-based curriculum? Explore notion of competence.

Would you agree that there is 'an academic denigration of clinical practice'? If so, how can this be avoided, how can practice be revalorised? Explore how legitimise own role without devaluing practice. Attend to discourses deployed – biomedical; holistic care; scientific; research; health promotion; genericism, lifelong learning, transferable skills – mental discipline, clinical judgement, critical thinking, reflective practice; sensibility, habitus, disposition.

How might joint academic/clinical appointments be best realised in practice?

Role of clinical doctorates to prepare clinical leaders for highly advanced practice, administration, policy-making, clinical teaching roles which can't be obtained by research-focused doctorates or masters degrees. Only route out of dependent practice. But what sort of practice?

Is there a danger of 'academic drift', moving towards the markers of status within HE with a consequent neglect of the practicum and loss of clinical sensitivity and relevance? Is this inevitable as we/you try to construct nursing knowledge as something distinct from the undervalued, mundane, everyday, commonsense world of nursing practice?

If you were free of external and institutional influences and constraints what would your ideal nursing curriculum look like? What would it comprise? What principles would inform it? How would it be delivered? By whom? How would it be assessed?

Examples of indicative extracts from discourse of opposition used to stimulate conversation:

- *Nursing teachers are often out of touch with the reality of nursing life and there is some evidence of gobbledygook teaching...Training needs to be rooted in clinical practice.*
- *The endless bilge of status and power relations filters out of the university and into bedside manner and clinical practice. Bad ideas create bad practice, and graduate nurses have been trained to think that certain types of care demean them*
- *Let student nurses return to the wards where they belong, to do the job they have chosen to do. We already have academically trained people to make life-or-death decisions and to take ultimate responsibility for treating the sick. They are called doctors.*
- *Modern, degree-educated nurses have ideas above their station and can't be bothered with mundane but essential aspects of caring for the sick. University education has bred a generation of uppity feminists who have largely jettisoned traditional nursing values of "kindness and common sense".*
- *It is unfortunate to discover that clinical nurse instructors in nursing schools, with advanced degrees, but with very limited clinical bedside experience, are becoming the teachers of future nurses in Ireland. It is difficult, if not impossible, to teach bedside nursing and "TLC" if the instructor has had very limited experience in this critical area.*
- *Modern nursing has tried to stamp out the idea of a "calling." Theory, bureaucracy, and an obsession with status have replaced the old duties of corporal charity - works of bodily mercy - that bound a nurse.*

Appendix 4: Transcript excerpts

Transcription notation

(0.3), (2.5)	Examples of exactly timed pauses in seconds.
.	Each period represents a pause of 0.1 sec.
<u>Underline</u>	Underlining indicates emphasis.
:::	Colons indicating stretching of the preceding sound or letter. The more colons the greater the extent of the stretching.
(())	Double brackets enclose descriptions of a non-verbal activity; e.g., ((laughing)).
{ }	Omitted text in stretches where transcription notation is used.

50 . percent . of . our . students . time . is .
spent . in . the . culture . of . the . health .
service and if that is a . damaging .
inappropriate . culture it will damage our
students

In the above extract, the insertion of periods to denote 0.1 second pauses highlights the slow, measured and deliberate nature of the respondent's speech and directs attention to potentially analytically important data.

The lack of symbolic and linguistic capital for academic nursing was not only acknowledged by respondents but also demonstrated by the conversational trouble the issue caused them; for example,

M: what is nursing knowledge?

R: This feels like an oral exam I'm going just
about to fail you know (.7) glass of water

Or

R: (4) ((laughing)) brick wall em (1) well em
(2.5) let's see now ...

Here, the ability to visualise procedural aspects of speech directs the analyst's attention to stretches of data where the content may not appear to be significant.

Fairclough (2003, p. 159) regards style as 'the discoursal aspect of ways of being, identities'. Styles are realised in phonological features such as intonation and stress, and through vocabulary. Fairclough (2003, p. 162) singles out intensifying adverbials and swear-words as areas of vocabulary that vary with identification. This focuses attention on stretches of conversation where identity work is particularly salient; for example,

there is some- em some some:::::thing
dreadfully insidious in the structures at home in
the structures in this country

there is a difference and we need to be able to
describe that difference and I would suggest we
can if we weren't so blasted lazy

any nurse with a PhD would supervise any
nursing eh graduate who wanted to do a PhD
that to me is outrageous . absolutely outrageous
because what you're absolutely not doing is
providing the disciplinary skill that that person
needs in the area in order to equip them . to
provide . the correct supervision for their area
down the line

There is a particular intensity to the views expressed here. Linguistically, the intensifying adverbials 'dreadfully' and 'absolutely' and the adjective 'outrageous' are markers of modalisation (Fairclough 2003, p. 170), indexing displays of strong commitment to 'what is true and what is necessary...and what is desirable or undesirable, good or bad' (Fairclough 2003, p. 164).

An awareness that commitments to obligation, necessity or duty – deontic modality in Fairclough's (2003, p. 168) terms – are

indexed through archetypical modal verbs such as 'would' and 'should', focuses analytic attention on their occurrence; for example,

that is not the way we should be operating, if
you're first day post op where you've just had
eh body-changing surgery or whatever it is not
an auxiliary who should be giving you your bath
or your shower

I am not competent to supervise a nurse who
wants to do a PhD in history (2) in nursing
history I'm not competent and nor I should not
take that student on it's immoral to do that

Grammatical mood is also significant for identification. Speakers who make statements comprising declarative clauses identify themselves differently from those who express themselves more tentatively through the use of interrogative clauses. Subjectively marked mental process clauses ('I think', 'I guess', 'I suppose') also explicitly mark the level of commitment of speakers. The frequent use of first-person plural, or 'we', statements signals a speaker who assumes the right to speak on behalf of others; for example,

if we want nursing to continue to have the shape
it's had for example or the eh kinds of roles it's
had then we've actually got to engage in a
discussion at all kinds of levels

A sensitivity to the occurrence of linguistic markers focuses the analyst's gaze on aspects of talk that are often overlooked in other forms of qualitative analysis, particularly where identity issues are at stake, as in this study.

Appendix 5: Transformation of data

Coding cycle 1 Outcome of first round of analysis: preliminary ‘containers’ for key ideas and text extracts

Advantages of moving to higher education

Problems with ‘traditional’ training

Qualities of graduate nurse

Better skills and abilities

Personal development

Confidence, assertiveness

Maintaining recruitment

Challenges of moving to HE

Academic status

Contexts

Time/historical location

Funding issues

Nursing care delivery

Providing graduate- and postgraduate-level nursing education

Relationships between academics and clinical practice

Mismatch

Research

Enduring qualities of nursing, nursing education and the ‘Irish nurse’

Idealism

Initiative

Intelligence/calibre

Coding cycle 1 contd.

Nurse academics

Leaders

New academics

Nursing knowledge

Reference to a language for nursing

References to care, clinical practice

References to disciplinary knowledge

Disciplinary boundaries

‘Textual’ features

How my questions were responded to

My identity: ‘I’, ‘my’, ‘you’, ‘we’ (reflexivity)

Notable uses of language; key words, phrases

References to nurses’ intellect

Speaker’s identity: ‘I’, ‘my’, ‘we’

The challenges of moving to higher education

Contexts

Lack of power and autonomy
Overcoming barriers

Oppression

Resources

Temporality: the ever-emerging discipline – looking back, looking forward
Delivering high quality nursing care
Providing genuinely graduate-level nursing education
Relationships between the academic and clinical domains

Ambivalence: the clinical domain as sacred and profane
Misgivings
Mismatch

Research

The enduring and lasting qualities of Irish nurses, nursing and nursing education

The advantages of the Irish apprenticeship system of nurse training
Nurses' idealism
Irish nurses' traditional high intelligence, calibre, initiative and social class

Nurse academics

Limitations - former nurse tutors as 'Other'
Preparing new nurse academics
Strengths

Coding cycle 2 contd.

Nursing knowledge

- A voice and language for nursing: visibility, audibility
- Academic status: identity and image
- Care and clinical practice
- Disciplinary boundaries
 - Genericism and transdisciplinarity
 - Disciplinary eclecticism
 - Nursing discipline-specific knowledge
- Nursing work as menial, trivial or 'dirty'
- Shaping, growing and leading the discipline of nursing

Reasons for, and benefits of, the move to higher education

- Profane, external
 - Power, status and material reward
- Sacred, internal
 - Problems with the traditional system of nurse training

Coding cycle 3 Output from early NVivo coding sessions

Name level 1	Name level 2	Name level 3	Sources	References	Created	Modified
Challenges of moving to HE					03/10/2006 15:10	24/10/2006 20:36
	Context		15	90	03/10/2006 10:40	06/12/2006 10:06
		(Lack of) autonomy	16	99	18/10/2006 09:49	06/12/2006 09:44
		Overcoming barriers	11	57	01/11/2006 11:36	04/12/2006 15:40
		Name level 4	Sources	References	Created	Modified
		→				
			Oppression	12	62	07/11/2006 10:41
						06/12/2006 09:21
		Name level 3	Sources	References	Created	Modified
		Resources	14	58	03/10/2006 15:13	04/12/2006 15:50
		Temporality and the ever-emerging discipline	16	216	07/10/2006 19:03	06/12/2006 10:00
	Nursing care delivery		16	180	04/10/2006 19:46	06/12/2006 10:01
	Providing graduate-level nursing education		16	342	03/10/2006 20:52	06/12/2006 10:08
	Relationships between academia and clinical practice		16	190	03/10/2006 15:11	05/12/2006 20:51
		Misgivings	4	17	01/11/2006 11:31	13/11/2006 12:49
		Mismatch	11	42	06/10/2006 14:54	28/11/2006 11:57
	Research		16	106	03/10/2006 15:39	05/12/2006 20:47
The good Irish nurse					03/10/2006 10:03	24/10/2006 20:37
	Apprenticeship system		7	17	24/10/2006 19:38	22/11/2006 10:20
	Idealism		3	6	03/10/2006 10:07	02/11/2006 14:45
	Intelligence, social class		5	15	03/10/2006 10:43	13/11/2006 13:10

Coding cycle 3 (contd.)

Name level 1	Name level 2	Name level 3	Sources	References	Created	Modified
Nurse academics					03/10/2006 19:31	25/10/2006 09:42
	Limitations		16	198	24/10/2006 20:44	05/12/2006 20:46
	Producing new nurse academics		16	149	24/10/2006 20:44	06/12/2006 09:31
	Strengths		14	42	24/10/2006 20:44	04/12/2006 15:35
Nursing knowledge					03/10/2006 19:26	25/10/2006 14:40
	A voice or language for nursing; visibility		15	172	03/10/2006 20:43	06/12/2006 10:02
	Academic status, identity for nursing; image		16	399	03/10/2006 21:03	06/12/2006 10:08
	Care, clinical, practice		16	252	03/10/2006 19:27	06/12/2006 10:01
	Disciplinary boundaries		14	138	05/10/2006 14:10	06/12/2006 09:44
		Genericism	15	67	26/10/2006 14:34	05/12/2006 20:46
		Profane eclectic	16	184	23/10/2006 13:07	06/12/2006 09:43
		Sacred knowledges	16	460	17/10/2006 16:55	06/12/2006 10:08
	Profane menial, trivial or 'dirty work'; economic factors		15	107	23/10/2006 13:09	04/12/2006 16:38
	Future of the discipline of nursing		13	129	03/10/2006 19:34	03/12/2006 16:56

Coding cycle 3 (contd.)

Name level 1	Name level 2	Name level 3	Sources	References	Created	Modified
Reasons for, advantages of move to HE					03/10/2006 10:09	27/10/2006 16:22
	Profane, external		12	67	17/10/2006 16:55	03/12/2006 13:58
		Power, status, material reward	15	91	23/10/2006 16:15	06/12/2006 10:06
	Sacred, internal		16	116	23/10/2006 13:02	06/12/2006 10:06
		Problems with old training system	16	107	03/10/2006 20:57	04/12/2006 15:53
Textual features					03/10/2006 09:59	27/10/2006 16:24
	Key words, phrases		15	316	03/10/2006 20:58	06/12/2006 10:01
	Me, my identity. Reflexivity		11	66	05/10/2006 12:11	03/12/2006 17:17
	Orientation to research interview		16	179	03/10/2006 10:03	06/12/2006 10:06
	References to nurses' intellect		16	70	03/10/2006 20:58	04/12/2006 16:04
	Relationships of difference		16	119	23/10/2006 12:45	05/12/2006 20:50
	Relationships of equivalence		16	75	23/10/2006 12:45	06/12/2006 09:41
	Speaker's identity		16	417	03/10/2006 14:53	06/12/2006 10:06
Ideological dilemmas			10	72	23/10/2006 12:45	03/12/2006 17:17
	The sacred profane clinical		16	110	02/11/2006 15:40	06/12/2006 10:06

Coding cycle 4 Output from later NVivo coding sessions

Name level 1	Name level 2	Name level 3	Sources	References	Created	Modified
Discourse of legitimization					23/05/2007 14:38	23/05/2007 14:38
	Region of nursing studies				23/05/2007 14:39	30/05/2007 09:13
		Non-nursing disciplinary specialisation	16	194	23/05/2007 14:40	29/05/2007 11:20
		Supracontent concepts	16	101	24/05/2007 12:27	30/05/2007 12:03
		Transdisciplinarity	15	101	23/05/2007 14:39	30/05/2007 12:00
	Sacred, internal		16	119	23/10/2006 13:02	30/05/2007 09:38
	Singular of nursing science		16	561	23/05/2007 14:39	29/05/2007 11:17
Discourse of opposition					23/05/2007 14:37	23/05/2007 14:37
	Bedpans and brooms		15	112	23/05/2007 14:38	30/05/2007 11:52
	Discipline manque		16	254	23/05/2007 14:38	30/05/2007 12:04
	Veil, vow and virtue		12	36	23/05/2007 14:38	05/06/2007 15:43
Gee's building tasks					08/10/2006 10:44	24/05/2007 15:18
	Identities		16	737	08/10/2006 10:48	05/06/2007 16:56
	Politics - the distribution of social goods		15	93	08/10/2006 10:49	28/05/2007 12:37
		Care, clinical, practice	16	310	03/10/2006 19:27	30/05/2007 10:42
		Nursing care delivery	16	191	04/10/2006 19:46	05/06/2007 16:48
		Selected for use in thesis	16	163	05/06/2007 11:45	05/06/2007 17:03
	Relationships		16	196	08/10/2006 10:49	30/05/2007 12:03
		Misgivings	4	18	23/05/2007 20:32	25/05/2007 18:48
		Mismatch	11	42	23/05/2007 20:32	29/05/2007 10:42

Coding cycle 4 (contd.)

Name level 1	Name level 2	Name level 3	Sources	References	Created	Modified
		Orientation to research interview	16	186	03/10/2006 10:03	28/05/2007 15:39
		Relationships of difference	16	123	23/10/2006 12:45	29/05/2007 10:30
		Relationships of equivalence	16	78	23/10/2006 12:45	28/05/2007 12:58
		The dual sacred profane clinical site	16	113	02/11/2006 15:40	30/05/2007 10:20
	Sign systems and knowledge		16	241	08/10/2006 10:51	30/05/2007 10:38
		Merged SSK node	16	771	06/06/2007 11:51	06/06/2007 12:11
		Providing graduate-level nursing education	16	372	03/10/2006 20:52	30/05/2007 12:01
		References to nurses' intellect(ual capital)	16	74	03/10/2006 20:58	30/05/2007 09:50
		Research	16	119	03/10/2006 15:39	30/05/2007 09:12
		Selected for possible use in thesis	16	298	04/06/2007 12:37	05/06/2007 16:54
Maton's Legitimation Principles					23/05/2007 11:39	25/05/2007 09:29
	Autonomy				23/05/2007 10:04	23/05/2007 10:04
		Positional	16	122	23/05/2007 10:05	30/05/2007 11:59
		Relational	14	37	23/05/2007 10:07	30/05/2007 11:58
	Density				23/05/2007 10:08	23/05/2007 10:08
		Material	16	72	23/05/2007 10:08	30/05/2007 12:03
		Moral	16	327	23/05/2007 10:12	30/05/2007 12:01

Coding cycle 4 (contd.)

Name level 1	Name level 2	Name level 3	Sources	References	Created	Modified
	Specialisation				23/05/2007 10:14	23/05/2007 10:14
		Knower	16	141	23/05/2007 10:16	30/05/2007 12:05
		Knowledge	16	176	23/05/2007 10:15	30/05/2007 10:09
	Temporality				23/05/2007 10:42	30/05/2007 12:05
		Archaeo-prospective	7	10	23/05/2007 10:51	30/05/2007 09:50
		Archaeo-retrospective	14	41	23/05/2007 10:43	30/05/2007 11:53
			Name level 4	Sources	References	Created
			Apprenticeship system	16	136	23/05/2007 20:33
			Idealism	3	6	23/05/2007 27/05/2007 12:01
			Intelligence, calibre, initiative, social class	6	16	23/05/2007 29/05/2007 09:43
		Name level 3	Sources	References	Created	Modified
		Neo-prospective	16	403	23/05/2007 10:49	05/06/2007 17:00
		Neo-retrospective	12	27	23/05/2007 10:48	30/05/2007 12:05

Appendix 6: Engaging with and interrogating data

Gee (2005) and Fairclough (2003) suggest broad approaches for analysts wishing to approach data with a discourse analytic sensibility; their suggestions were used to guide analysis of the conversational data generated in this study, as follows:

1. Conversations were transcribed as closely as possible with an eye and an ear to the features considered most important for addressing the research questions.
2. Key words and phrases were picked and questions posed concerning the situated meanings they had in the data, the discourse models or interpretative repertoires the situated meanings seemed to implicate and the social languages, genres, discourses and conversations that appeared most relevant.
3. Consideration was given to what and how identities were being enacted and recognised in the data. Attention was paid to the textual features that appeared to be important for how situated meanings, interpretative repertoires, identities, social languages, genres and discourses were being designed, enacted or recognised. For example, the following questions were posed:
 - What discourses and repertoires were drawn upon, and how were they textured together? Was there a significant mixing of discourses and repertoires?
 - What features characterised the discourses and repertoires which were drawn upon (semantic relations between words, collocations, metaphors, assumptions, grammatical features)?
 - What genres and styles were drawn upon during the conversation?
 - What features characterised the styles that were drawn upon ('body language', pronunciation and other phonological features, vocabulary, metaphor, modality or evaluation)?
 - What did speakers commit themselves to in terms of truth (epistemic modalities)? Or in terms of obligation and necessity (deontic modalities)?

- To what extent were modalities categorical (assertion, denial etc.), to what extent were they modalised (with explicit markers of modality)?
- What levels of commitment were evident (high, median, low)?
- What were the markers of modalisation (modal verbs, modal adverbs, etc.)?
- What types of statement were there (statements of fact, predictions, hypotheticals, evaluations)?
- What was the predominant grammatical mood (declarative, interrogative, imperative)?
- To what values (in terms of what is desirable or undesirable) did speakers commit themselves?
- How were values realised - as evaluative statements, statements with deontic modalities, statements with affective mental processes, or assumed values?

4. Questions related to the relevant building tasks of language were used to interrogate the data; memos and reflections on the answers were recorded, guided by the research questions. At the same time, attention was directed towards any emerging themes or issues not related to the original focus or questions. Particular attention was paid to where answers to many different questions appeared to converge on the same point or theme. The principal questions posed for each building task were as follows:

Building significance for sign systems and knowledge

- How did a particular stretch of conversation privilege or disprivilege specific sign systems (e.g., technical language vs. everyday language, words vs. images, words vs. equations) or different ways of knowing and believing or claims to knowledge and belief?
- What systems of knowledge and ways of knowing were relevant (or irrelevant) in the conversation? How were they made relevant (and irrelevant), and in what ways?
- What social languages were relevant (or irrelevant) in the conversation? How were they made relevant (and irrelevant), and in what ways?
- How was quoting or alluding to other oral or

written texts (intertextuality) used to engage with the key issues?

Building politics (the distribution of social goods)

- What perspective on social goods was this stretch of conversation communicating (i.e., what was being communicated as to what is "normal," "right," "good," "correct," "proper," "appropriate," "valuable," "the ways things are," "the way things ought to be," "high status or low status," "like me or not like me," and so on)?
- What social goods (e.g., status, power, aspects of gender, race, and class, or more narrowly defined social networks and identities) were relevant (and irrelevant) in the conversation? How were they made relevant (and irrelevant), and in what ways?
- How were these social goods connected to the discourse models and discourses operative throughout the conversations?

Building relationships

- What sort of relationship or relationships was this stretch of conversation seeking to enact with others (present or not)?
- What sorts of social relationships seemed to be relevant to, taken for granted in, or under construction in the conversation?
- How were these social relationships stabilised or transformed in the course of the conversation?
- How were other oral or written texts quoted or alluded to so as to set up certain relationships to other texts, people, or discourses?
- In terms of identities and relationships, what discourses were relevant (and irrelevant) in the conversations? How were they made relevant (and irrelevant), and in what ways?

Building identities

- What identity or identities were enacted at particular points in the conversation?
- What identities (roles, positions), with their concomitant personal, social, and cultural knowledge and beliefs (cognition), feelings (affect), and values, seemed to be relevant to, taken for granted in, or under construction in the conversations?
- How were these identities stabilised or transformed in the conversation?
- In terms of identities and relationships, what discourses were relevant (and irrelevant) in the

conversations? How were they made relevant (and irrelevant), and in what ways?

4. In the same way, I searched for terms suggesting that the principles of autonomy, density, specialisation and temporality were in play. Usage of terms such as the following in the data was noted and searches for instances of the same and related terms were then conducted (the lists are indicative, not exhaustive):

Autonomy

- Autonomy, bullying, control, dependent, dominance, economy, employers, handmaiden, funding, hierarchy, influence, managers, medicine, money, oppression, politics, position, power, prestige, profession, rank, regulation, service, status, subjugation, subordinate, suppress...

Density

- Assumptions, beliefs, cohesion, collegiality, community, connection, focus, integration, link, moral, mutual, numbers, principles, quality, ratios, shared, size, unity, values...

Specialisation

- Academic, applied, character, class, classical, competence, critical, discipline, disposition, evidence, family, girls, good, humanities, humanists, individuals, knowledge, lady, liberal, methods, nice, number, people, persons, procedures, publication, publish, pure, qualitative, quantitative, research, scholar, science, skills, social, statistics, subject, thinker, writing, words...

Temporality

- Accelerate, advance, apprentice, decline, develop, early, embryonic, emerging, extinct, fast, future, grow, history, immature, inhibit, lag, late, mature, old, past, present, progress, quick, race, retard, rush, slow, speed, stymie, time, tradition, young...

5. The answers to these questions and the outcomes of the searches were then organised and related to the research questions. The aim was to identify the structuring principles underpinning respondents' collective

representation of the field of academic nursing as they performed the four building tasks in and through their languages of legitimation.

Taken and adapted from:

Gee (2005, pp. 11-13; pp. 111-113 & pp. 115-116) and Fairclough (2003, pp. 193-194).

Appendix 7: Coverage

Key:

Resp Respondent

Refs Number of extracts illustrating respondents' performance of particular building tasks. These extracts are interchangeable with those actually used in the body of the thesis. The extracts constitute alternatives to those used to support and illustrate points and arguments made in the thesis.

% Percentage of total transcript accounted for by extracts performing the building task (to nearest whole number)

Note: The transcription system discussed in Appendix 4 is retained in these extracts. The appendix is simply a defence against possible concerns regarding selective quotation from, first, particular respondents and, second, from within respondents' conversations. S brackets { } indicate omitted material.

Building sign systems and knowledge for academic nursing – indicative exemplars from each respondent

Resp	Exemplar	Refs	%
R1	I don't know what it is that we actually don't value . our contribution and we don't document it { } we have the . make this <u>ass.umption</u> that we're the primary care givers . <u>good Lord</u> and and is it explicit in the chart?... Is it... No	61	34
R2	I think that for programmes to be nursing programmes ..they must have em..nursing practice as their focus it's a practice discipline.. if they don't have that then <u>what</u> are they doing	51	41
R3	what people thought was different that not that they would learn more <u>nursing</u> but that they <u>would</u> learn more psychology sociology management . these sort of things { } rather than increase their knowledge of nursing in depth	24	14
R4	I think nursing has struggled to find a academic and scientific basis and I don't think we've found it I think that we would be hard-pressed to to show <u>them</u> our body of science	55	24
R5	this is the problem we don't know what nursing is and we cannot articulate it and you know the way we are supposed to know what we're teaching . and we can't articulate it	74	25
R6	I mean I'd personally find to put on a course with nothing in it but nursing .. I'd be challenged ... we . very often don't ourselves understand . the <u>concepts</u> that you read about to be able to verbalize them to help somebody else understand them never mind apply them	52	29
R7	I would have . felt that . these theories that we all learned in models and they were <u>quite</u> unique and they were <u>quite</u> detailed and to me they encompassed what the nurse is all about eh and yet . now they're hardly ever mentioned .hh what you hear now is all of the other em knowledge from different areas applied to nursing	45	20

Building sign systems and knowledge for academic nursing – indicative exemplars from each respondent (contd.)

Resp	Exemplar	Refs	%
R8	I think there is there is em a <u>core issue</u> round the way nursing thinks about and approaches things that we do need to get a grip of and I think .. our research, the only reason as far as I'm concerned actually for having us in the university environment is that we <u>actively</u> try to engage in discovering and articulating what that's about	57	36
R9	you might be have done your nursing and then did a degree in anthropology or something like that and suddenly you become . an anthropologist and I've been at meetings where people I will say I'm a nurse and people say well I'm an anthropologist and they're there as nurses do you know what I mean	54	24
R10	I think maybe <u>this</u> is something that's wrong with eh some of the nurses who have moved in into academia they have never studied <u>nursing</u> what they have studied is they have studied education or they have masters in education they don't know how to teach nursing you know from from the . from a philosophical perspective	44	25
R11	what is happening within nursing in Ireland that they don't have <u>the guts or the balls</u> to articulate what's going on and <u>I have not heard</u> that being articulated	36	16
R12	an academic can demonstrate their value of clinical em by good teaching eh and also eh by the other route by researching eh eh nursing practice and that's in a sense maybe the ways in which we really show our value of clinical is by focusing on on clinical on research into nursing	52	26
R13	our foundation of knowledge is not there to the extent that we would be able to sit with a group of chemists or a group of biologists or a group of what other any other group that are knowledge-based it's not for our generation it will happen .. way beyond our time when we'll see we will consolidate the root of knowledge and we'll be able to sit with confidence eh in that academic base	66	30
R14	I don't think a nurse would have the right . em . academic background in relation to perhaps .the social sciences perhaps the em . em . anatomy and physiology, biochemistry and all those areas I'm not sure if that's necessary em eh . you know people look at it you have to have .. teach anatomy from a nursing .. <u>orientation</u> and I'm thinking . <u>what is a nursing orientation . to anatomy</u> {} <u>A bone's a bone</u> . you know	22	23
R15	it would have been very much on a medicalised eh model and I from my own research that actually hasn't changed enormously in the way that we are now presenting nursing to nurses and what nursing hasn't done yet has developed it's own notion of what that practice really is and it hasn't defined it as to say what is unique about nursing and what is unique about nursing practice {} nurses need to understand and reconfigure <u>what it is that they're about</u>	54	28
R16	I do think em certainly from a curriculum point of view em . a nursing framework and other frameworks em as well are important ... but again only as much as they can .. assist in in helping us in relation to to patient or client need em what I'm saying is (1.1) academic for the good of patients but not necessarily just for academic sake	22	14

Building politics (the distribution of social goods) – indicative exemplars from each respondent

Resp	Exemplar	Refs	%
R1	I I suppose probably when I just think that though . we felt that we hadn't time to do things so then you actually have to look around and say what hadn't we got time to do, we hadn't time to document .. we hadn't time to actually <u>bath</u> people because we gave it to somebody else we hadn't had time to feed them so now actually somebody else is going in and out with the tray come out we don't know whether they ate or not	30	16
R2	What does an academic care about whether what happens to a patient in a bed, I mean there is a certain reality to that {} What am I doing about em some- a poor old lady that's over in (hospital)) or old man or whoever else that aren't getting good care am I there to see what's happening to those people? No I'm not, so maybe I don't care as much and I don't get over there either so I don't care as much	26	17
R3	there was an increasing em . pressure for it to get into universities and the pressures came (3.3) I think possibly the <u>majority</u> pressure was because it was seen as providing increased status (0.9) because I don't think nurses who'd been <u>trained</u> rather than educated understood how little they knew and what opportunities there <u>were</u> if they had a better education better nursing education . so it was <u>primarily</u> to do with status I think	28	15
R4	I think as a profession I don't think there is any harm in raising our status because ultimately , it empowers us, to be better to question, to challenge, to start thinking about research to start you know asking questions I think for too long particularly in Ireland for too long there's been disempowerment, .hhh there's been sort of ... you know resulting in bullying, horizontal violence all of those things I think that if it did nothing but raise the status that's a good	30	17
R5	but it still does not make them <u>clinically</u> credible you know . and then I wonder are we asking too much and yet why would you be taught . why would you want to be taught by nurse academics . who you say well when did you last stand in a ward oh twenty years ago and I left that behind me and I came into teaching cos I couldn't stand it . that's . you know this is not a great role model	44	18
R6	nurses saw . I think . initially at one period that going into education getting graduate status they saw this as a status thing em . because they frequently complained about . working with other health-care professionals they were all at degree level status, the other thing they felt they <u>equated</u> degrees with being able to negotiate a better salary . there was also <u>that</u> issue	45	25
R7	nursing salaries were were very low and very poor and that was the cause of the strike that brought about the commission of nursing it was really that but 'twas also status nursing <u>status</u> was not seen to be a good one in comparison to other health care professionals and also there weren't the opportunities there for promotion {} so all of these put together em would certainly have been I think and probably a strong union as well that was pushing these things	26	15
R8	we nev- will never really get to the point where we can seriously identify the distinction as against the merit as against whatever unless we understand what that practice looks like and I actually think eh and I wouldn't be entirely popular for saying this but I actually think this is one of the problems nurse teachers haven't done it because they don't know what it looks like	30	16

Building politics (the distribution of social goods) – indicative exemplars from each respondent (contd.)

Resp	Exemplar	Refs	%
R9	if we think of our raison d'être which is to prepare . nurses . per students as individuals to care for people and I actually think the underpinning element is what we do in terms of caring and presence	33	12
R10	what I might do to help this person . one person might be very much in the physical area, what I might do to help somebody else is to talk them down from where they are emotionally em what I might do . for another person might be in terms of spiritual . help in it's broadest sense like you know tied in with presencing and comforting or whatever and . you see those are sort of touchy feely things	36	18
R11	I begin again to connect it up with this project of caring and say . if we have more and more commodification if we have this race to the bottom if we have no capacity whatsoever in our societies left to articulate how we value caring and how we value re-building of health through caring work .. where will we be where will you be as professionals	14	8
R12	we claim to value clinical eh and and clinical experience of students eh and we we we certainly proclaim it in the curriculum as as essential but because we we have these other things that we must value or that we are em we are minded to value because they are part of who we are so for for example writing and publishing . con-conducting research {} we value because it has a kudos and it has a status for us and all that {} it's simply that that that em the system is such that we are we are not em as it were em we're not in any way no matter how much we value it we are not in any way sort of em::: getting any return for that eh if anything we are we are putting ourselves at a disadvantage vis a vis those who don't eh em who value other things like research .	34	14
R13	remember the power of nurses if they wished to exert I mean back to the nurses' strike they got huge change you won't see nurses going out and putting a major effort because they want to change the pattern of care or move from from hospital to secondary care there isn't that proactive agenda within the profession	44	21
R14	in order to get any kind of benchmarking that would be .. eh relevant in terms of em (0.5) salary and conditions . we had to base them at degree level and we based them at that without that having even been agreed and the push came on then .. major push came on . from . the unions in particular to .. have eh nurses get degree status at that stage that all came together at a very . very short duration and we were I suppose in a lucky frame of mind which is nothing to do with the professional or all the professional issues that . that will be thrashed out and that was that there was funding there at at the time we came in at that...	24	25
R15	I think within nursing is that it is in fact (1.7) as was taught to me years back you know, it was, it is a privilege to be able to journey with somebody and to be able to assist them in that journey in some way you know whether it's in alleviating pain and suffering or or even some sort of eh emotional something you know that that they're struggling with you know and to help them reframe it	27	19
R16	we all know the IR areas em around nursing and em (2) but I I would say that if we again I must go back to the commission on nursing and . yes it definitely is about the professionalization .. of of nursing and that's what it is about . em I think it's a side ... the monetary and and and status (2.4) but not first and foremost it is about the professionalization of of nursing and I suppose .. it's about credibility and standing with with colleagues as well and em (2.7) I suppose being on a level playing pitch or or on a on a par	35	29

Building relationships – indicative exemplars from each respondent

Resp	Exemplar	Refs	%
R1	we have academics and academics versus clinicians	30	12
R2	the university people are not in the clinical setting with the students em and then that that causes all kinds of problems em in some ways also for em service staff because they're taking on two jobs and not all of them are a-able for that	19	10
R3	I suppose I mean we do know nursing is in <u>chaos</u> at present but that's because the whole of the health services in chaos (0.3) and the nurses are so overextended (0.3) and they're so frustrated	10	7
R4	we've had ... baggage you know of disempowerment oppression hierarchy and so on particularly in the Irish setting	27	9
R5	I've had the comments said to me em, I came into education to get away from that	31	9
R6	there's an awful lot of them in there that are not able to cope at all {} if things weren't the way they were they wouldn't have looked for another job . never mind going into third level {} that was a great thing for them .. it was not a good thing for the profession {} but they hadn't a . clue . an iota {} they had no concept in fact and (0.5) I don't . it never ceases to amaze me how still I suppose there is no where for them to go . how they're actually still there I think there must be a lot of very unhappy people .. not able to cope . I really do now because I . you know you know the characters you know <u>what it's like</u> .	15	8
R7	they couldn't be bothered it's too much hassle and it's too much work and it's hard work academia is very hard they're prepared to take on certain . roles because they seem sexy and seem the way forward but when it comes to the crunch there's a project due in a research due in or whatever they all disappear it's not . part of their eh mind set	8	4
R8	I would suggest something has happened in the socialization or the cultural effects and . we've just become compliant, eh I was going to say compliant practitioners but it's worse than that it's people see the problems they can get frustrated by it but they have no ability to challenge	60	24
R9	but what people didn't see the university as <u>process</u> they saw it as <u>location</u> whereas . that is the <u>fundamental</u> thing and that's I think the essence of what it is we're still grappling with university as process hasn't really permeated	19	8
R10	I think some people are afraid of clinical after a while	33	20
R11	Your problem is the nurse tutors your problem is the nurse tutors your problem is where they were . their insecurities in coming into the university . <u>they're not relating to the rest of the university</u> .. that that comes over to me loud and clear	17	7

Building relationships – indicative exemplars from each respondent (contd.)

Resp	Exemplar	Refs	%
R12	as I say the biggest change has been our our health service partner I guess and there is a sense in which we live out our lives in the university trying to reconcile the us and them relationship eh so that we're not always sort of that we're you know we we talk a lot about partnership and I often wonder that we you know that we we trot it out, we trot it out and they trot it out to suit our respective ends	28	15
R13	I have this anxiety that we seem to have . the clinical thing very much secondary	23	8
R14	I think ... that we have probably done it wrong we haven't given .. the confidence to the people in the clinical bedside so they will be good role models for the students coming . forward irrespective of where they get their education I think we've made a big mistake in there	9	9
R15	the only reason that the system even half works the way it half works at the moment is because nurses are there propping it up	19	9
R16	I do think that it em it is <u>difficult</u> you know in fairness .. to the ... to the nurse academic employed in the academic institution ... I think it is difficult to reconcile the 2 ... I think people are really are working hard and and trying to . em . and it's a <u>complex</u> care is so complex nowadays em it has it's it's just not easy and it difficult I won't say . it can't be done but it's . <u>bleedin'</u> difficult	10	6

Building identities – indicative exemplars from each respondent

Resp	Exemplar	Refs	%
R1	some of us are still constantly challenged actually by being . an academic cos some to me I had difficulty being in an ivory tower	61	29
R2	Oh I'd say so from my own experience . em that em you know em what am I doing sitting in this place and why aren't I over at [hospital] (4) and I feel guilty about that to a certain extent {} I need to be able to try do something for those people {} I try my besst ((laughs)) to get the students to be sensit- and to bring em to bring the people who are sick or who are in need of nursing service into the classroom	65	32
R3	it's not so much the nurse educators . who were ready for the move to the university it was the nurse practitioners who'd done higher education in whether it was cancer nursing or em . intensive care or whatever . who actually had more competencies to take with them than some of the nurse educators	22	5
R4	I would say that while on paper you were sort of ...sticking your foot in the puddle of academia I think we really aren't bona well I amn't a bona fide academic ((laughing)) I don't think	27	31
R5	I'm beginning to see feelings surfacing that they would have kept nicely hidden under a a polite veneer before and I'm just beginning to realize that perhaps the what people honestly think of us you know em .. we have not .. been welcomed with open arms {} and there would be a couple of snide comments passed at meetings about oh nurses such lo::w points and we shouldn't be here at all:: and you know all this kind of thing em (2) it'll take a while	44	24
R6	but then again now Martin to be fair (0.9) could any of us have an idea as to what it was really like I have to be honest . I didn't really appreciate what it was like either but then I have to say I enjoyed every minute of it . I never learned as much but I was burned out at the same time	17	10
R7	there is an undermining process in place em to make nurses to to put nurses in their place and your place is down at the bottom of the heap, your place always was at the bottom of the heap except for where the patient was concerned the patient never put you down there I believe the patient always had you high up although if you asked the patient who gave you information and knowledge it would not have been the nurse they would have said because you were talking to them it was social intercourse	36	20
R8	I don't think I feel anything inferior about being a nursing academic I'm very proud of it, I'm also very proud of the fact that I have learned in so far as I have learned how to articulate the bits of it that I feel are important by the help of other disciplines	22	10
R9	I only said to him last week I said I'm really fearful that we're going to have a sociology tail wagging a nursing dog	43	27

Building identities – indicative exemplars from each respondent (contd.)

Resp	Exemplar	Refs	%
R10	it was very funny when we came to the university first like {} and . eh . people used to. there's {} person here {} who was scratching her head and saying a nursing department like you know what does that <u>mean</u> and you've got a PhD in nursing like <u>what could you have possibly have done to get a PhD in nursing</u>	41	17
R11	when have you met a nurse colleague who in the last year has been (0.3) forced in the sense that . you know her or his work is taken her to the point where she has had to read or he has had to read a book which actually has left them completely at sea which has left them absolutely almost as if their breath has been knocked out of them that they know they had to come to grasps with this new material they know they have to come to terms with this it is so <u>challenging</u> and it's going to put them in a different place when's that happening . <u>highly unlikely</u> because they're probably writing bloody module descriptors	64	14
R12	I think the real valuing of clinical and I think in some ways I-I'm a bit consoled about this eh I I would say that an academic can demonstrate their value of clinical em by good teaching eh and also eh by the other route by researching eh eh nursing practice and that's in a sense maybe the ways in which we really show our value of clinical is is by focusing on on clinical on research into nursing	59	27
R13	was a big shock yeah because like the third-level education system we were providing a training system in hospitals we were not sort of giving an academic training where research was central to what we're doing as well and the role didn't just mean that you go in and teach x number of hours and mark a few papers it really encompassed out a huge a- . robust eh set of activities which one had to take on board if you wanted to seriously consider yourself in the academic world	34	16
R14	I think that (3.1) there is (2.2) probably something individual about (3.3) our relationship with the patient (3.5) which is superior to .. the actual care that we give .. and it's about .. the nurses the . one individual that knows the patient knows the patient . where the patient comes from knows what the patient's work is . knows the family . knows what their worries are knows their medical condition knows their . the nursing care that they will be given knows what they'll need afterwards there's nobody else that has that unique . body of knowledge and that's not . that's different to what you . what we term . the actually delivery of nursing care . and I don't think that we make enough . of that actual body of knowledge . we don't really talk about that information that is unique . to nursing <u>nobody else has it</u>	89	42
R15	and what nursing hasn't done yet has developed it's own notion of what that practice really is and it hasn't defined it as to say what is unique about nursing and what is unique about nursing practice .	68	27
R16	At this moment in time no . I mean I I do think . nursing theory and knowledge is very important (2.2) but I don't think we are I I mean I I would say we're . at . in very early days (0.5) in . in the true . I suppose professionalization <u>academic</u> . element of . for nursing, like if you look certainly to the States . and other countries I would say we're ... early days	45	14